

Case Number:	CM15-0035025		
Date Assigned:	03/03/2015	Date of Injury:	03/30/1989
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 72-year-old female, who sustained an industrial injury on 03/30/1989. The diagnoses have included lumbar degenerative disc disease, knee degenerative joint disease, and chronic pain with opioid dependency. Noted treatments to date have included physical therapy, chiropractic treatment, epidural steroid injection, and medications. Diagnostics to date have included x-ray of the lumbar spine shows disc space narrowing at L4-S1 with no instability or spondylolisthesis. On 1/6/2015, it was noted that the pain control and mood was stable since the medications was restarted. There was documentation of memory problems, sleep disturbance, anxiety, depression, light-headedness and contraindication to the use of oral NSAIDs because of coumadin anticoagulant treatment. In a progress note dated 02/03/2015, the injured worker presented with complaints of low back and left knee pain. The pain score was rated at 5/10 on a scale of 0 to 10. There was an objective finding of muscle spasm and tenderness to palpation of the lumbar spine. The treating physician reported that the injured worker's pain, mood, sleep patterns, and energy was worse when the Strattera was discontinued. The medications listed are Celexa, Limbrel, and Voltaren gel, Ambien, Modafinil, Hydromorphone, Lidoderm and Strattera. Utilization Review determination on 02/10/2015 non-certified the request for Hydromorphone 2.5mg Quantity: 120, Strattera 60mg Quantity: 30 plus 3 refills and Lidoderm patch Quantity: 90 citing Medical Treatment Utilization Schedule and Non--Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydromorphone 2.5mg, Qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 36-37, 42-43, 46, 4-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterMental Illness and StressOpioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with non-opioid medications and PT. The chronic use of opioids is associated with the development of tolerance, addiction, sedation, dependency, opioid induced hyperalgesia and adverse interaction with sedatives and psychiatric medications. The records indicate that the patient is utilizing opioids with multiple sedatives and psychiatric medications concurrently. There is documentation of adverse effects related to opioids and sedatives including chronic memory problems, light-headedness, sleep disturbances and use of Modafinil stimulant. The guidelines recommend that long acting or extended release opioids formulations be utilized for opioid maintenance treatment because of better pain control quality, efficacy, compliance and adverse effects profiles. The criteria for the use of Hydromorphone 2.5mg #120 was not met.

Strattera 80mg, Qty. 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterMental Illness and Stress and Other Medical Treatment Guidelines FDA website.

Decision rationale: The CA MTUS and the ODG guidelines recommend that antidepressant medications can be utilized for the treatment of neuropathic pain and in the treatment of depression associated with chronic pain syndrome. It is recommended that antidepressants with analgesic actions such as duloxetine and venlafaxine be utilized as first line medications in the elderly when tricyclic antidepressants are contraindicated. The records indicate that this elderly patient is utilizing multiple sedatives and antidepressants concurrently. There is documentation of subjective complaints of memory problems and cognitive changes. The Strattera medication known generic as atomoxetine is primarily FDA approved for the treatment of ADHD. There is lack of guidelines support for the use in neuropathic pain or chronic pain associated depression. The criteria for the use of Strattera 80mg #30 3 refills was not met.

Lidoderm patch Qty. 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic Product.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not indicate subjective or objective findings consistent with localized neuropathic such as CRPS. The records indicate diagnoses of discogenic and knee pain. There is no documentation failure of first line medications treatment. The criteria for the use of Lidoderm patch #90 was not met.