MAXIMUS Federal Services

Case Number:	CM15-0059127		
Date Assigned:	04/03/2015	Date of Injury:	10/25/2011
Decision Date:	05/05/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/27/2015

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: California
Certification(s)/Specialty: Emergency Medicine

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 was a 53-year-old female, who sustained an industrial injury, October 25, 2011. The sustained multiple injures as a consequence of an accident on a plane when a 60 pound bag fell on the injured worker. The injured worker suffered chest, stomach and left foot injures. The injured worker previously received the following treatments EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper and lower extremities, Fentanyl Patches, Dilaudid, lumbar spine MRI, bariatric surgery, podiatrist, pain specialist, lumbar epidural steroid injection, cervical spine MRI and Thoracic spine MRI. No medication list was documented so current medications are unclear. Patient is on Dilaudid and may also be on Oxycodone. It is unclear how long patient has been on lidocaine patches. The injured worker was diagnosed with chronic cervical sprain, advanced degenerative disc disease at L4-L5 and L5-S1, C5-C6 and C6-C7, multilevel cervical spondylosis, lumbar spinal stenosis at L3-L4, small to moderate left paracentral herniation at L5-S1, chronic lumbar strain and status post left foot injury with surgery and postoperative infection. According to progress note of March 18, 12015, the injured workers chief complaint was neck and back pain. Reported pain on VAS is very variable ranging from 2-10/10. The physical exam noted the cervical spine at 75% of normal range of motion. There was tenderness of the trapezii bilaterally and the midline of C5 through T1. The injured worker walked with a slight left limp. The injured worker was having trouble with ambulation due to the second toe condition. The lumbar range of motion was 50% of normal with decreased sensation of the left lower extremity. The internal and external rotation of the hips caused back pain. There was tenderness of the midline from L1 to the sacrum and

over the paraspinal musculature bilaterally. The treatment plan included prescription renewal for Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg tablets Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Topical Analgesics Page(s): 78, 80, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Dilaudid or Hydromorphone is a high potency opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. Documentation fails all required components. Last few progress notes are very brief and hand written and provide not a single required component. There is no documentation of any objective improvement in pain or function or monitoring for side effects or risk of abuse. There is no documentation of long term plan for this medication. Continued use of Dilaudid is not support by documentation and is therefore not medically necessary.

Lidoderm (Lidocaine Patch 5%) Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Topical Analgesics Page(s): 78, 80, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm(lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain such as patient's diagnosis of radiculopathy. It may be considered after failure of 1st line treatment. Poor documentation does not document any 1st line agents trial or failure and there is no documentation of where this patch is to be used and what indications are there for its use. Lidocaine patch is not medically necessary.