

<b>Case Number:</b>	CM15-0065672		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	01/03/1994
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 61-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain with derivative complaints of depression, anxiety, and fibromyalgia reportedly associated with an industrial injury of January 3, 1994. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve requests for Kadian, morphine, Lidoderm patches, and three follow-up visits. The claims administrator referenced a RFA form of March 9, 2015 in its determination. The applicant's attorney subsequently appealed. In a November 13, 2014 progress note, the applicant reported multifocal complaints of knee pain. The applicant's past medical history was notable for hypertension, fibromyalgia, and depression. The applicant was using morphine, metformin, glipizide, Januvia, Celexa, Ativan, triamterene-hydrochlorothiazide, verapamil, enalapril, Lidoderm, and Kadian, it was reported. Several of the same were continued and/or renewed. The applicant had received a recent lumbar epidural steroid injection. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. The applicant's work status was not detailed. In a January 20, 2014 Agreed Medical Evaluation (AME), the agreed medical evaluator stated that the applicant was "totally disabled" secondary to his various injuries. On November 13, 2014, it was stated that the applicant was using a cane to move about. On November 8, 2014, morphine, Lidoderm, and Kadian were renewed and/or continued. An epidural steroid injection was sought. Once again, little-to-no discussion of medication efficacy transpired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian extended release 30mg (unspecified qty): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Kadian, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and had been deemed disabled, a medical-legal evaluator reported above. The attending provider's progress notes of late 2014 and early 2015 were sparse, thinly developed, and failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Kadian usage. Therefore, the request was not medically necessary.

**Morphine sulfate 15% (unspecified qty): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for morphine sulfate, an opioid agent, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and had been deemed disabled, a medical-legal evaluator reported above. The attending provider's progress notes of late 2014 and early 2015 failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing morphine usage. Therefore, the request was not medically necessary.

**Lidoderm patch 5% #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. Here, however, there was no mention of the applicant's having tried and/or failed antidepressant adjuvant medications and anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of Lidoderm patches in question. Therefore, the request was not medically necessary.

**3 follow up office visits:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** Finally, the request for three follow-up visits was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" even in those applicants whose symptoms are not expected to change appreciably from visit to visit in order to provide structure and reassurance. Here, the applicant was off of work. The applicant was using a variety of opioid and non-opioid agents. Obtaining three follow-up visits, was, thus, indicated for a variety of purposes, including medication management and/or disability management purposes. Therefore, the request was medically necessary.