

Case Number:	CM13-0050135		
Date Assigned:	07/02/2014	Date of Injury:	04/14/2005
Decision Date:	07/31/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/11/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 04/14/2005. The treating diagnoses include chronic lumbar degenerative disc disease, lumbar degenerative joint disease, chronic low back pain, and chronic knee pain. On 09/23/2013, the patient was seen for a Workers' Compensation established patient evaluation by her treating pain physician. The patient was noted to be in pain given surgery on her left knee a month previously. The patient was taking Percocet in addition to Norco. The treating physician also had increased the patient's fentanyl patch to 50mcg. Despite these interventions, the patient had a fair amount of discomfort and pain which was persisting. The patient was taking at least 6 Norco per day as well as Percocet for moderate to severe breakthrough pain. The patient was also taking Lyrica at bedtime. The treatment plan was to titrate the fentanyl patch up to 75mcg every 72 hours and then to follow the patient in a month. Lidoderm patches were also recommended to the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50mcg every 72 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 76-96.

Decision rationale: The California MTUS guidelines, section on opioids/ongoing management, recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the medical records in this case contain very limited objective or verified information to support a functional benefit or efficacy of opioid treatment. The four A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) of opioid management have not been met. This request is not in accordance with the MTUS guidelines. As such, the request is not medically necessary.

Norco six (plus) per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 76-96.

Decision rationale: The California MTUS guidelines, section on opioids/ongoing management, recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records in this case contain very limited objective or verified information to support a functional benefit or efficacy of opioid treatment. The four A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) of opioid management have not been met. This request is not in accordance with the MTUS guidelines. As such, the request is not medically necessary.

Norco as needed (PRN) for severe pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 76-96.

Decision rationale: The California MTUS guidelines, section on opioids/ongoing management, recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records in this case contain very limited objective or verified information to support a functional benefit or efficacy of opioid treatment. The four A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) of opioid management have not been met. This request is not in accordance with the MTUS guidelines. As such, the request is not medically necessary.

Lyrica 100mg, one (1) to two (2) at bedtime (hs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Medication Page(s): 17.

Decision rationale: The California MTUS guidelines, section on anti-epileptic medication, state that after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The medical records do not contain such detail to support benefit from Lyrica and indication to continue use of this medication. This request is not in accordance with the MTUS guidelines. As such, the request is not medically necessary.

Lidoderm patch, one applied to the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The California MTUS guidelines, section on topical analgesics, state regarding topical Lidoderm that this is not recommended for non-neuropathic pain and is only recommended for localized peripheral neuropathic pain. The medical records do not document a diagnosis for which a Lidoderm Patch is indicated. As such, this request is not medically necessary.