MAXIMUS Federal Services

Case Number:	CM14-0130019		
Date Assigned:	09/16/2014	Date of Injury:	04/12/2000
Decision Date:	10/17/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 58-year-old male with a 4/12/2000 date of injury, when climbing a ladder. 7/17/14 determination was modified. Certification was given for Fentanyl. Methadone and Lidoderm were modified to #60 and #30 with no refills respectively. Baclofen was not found medically necessary. 7/11/14 progress note identified an unchanged condition. There was a fall due to continued left leg weakness. There was also low back, lower extremity, and neck pain. Pain levels remained at 7-9/10. Medications listed remained the same and at the same dosage/regimen as in previous medical reports. On exam there was moderate tenderness in the cervical spine with limited range of motion. There was diffuse tenderness of the thoracic spine, and severe tenderness over the lumbar facet and sacroiliac joints with reduced range of motion. There was positive straight leg raising bilaterally. There was weakness in both upper and lower extremities with reduced sensation, particularly in the feet, as well as left upper extremity sensory loss. DTRs were absent in the upper extremity and bilateral ankle. Treatment plan was discussed and include to continue with current medications. 2/18/14 drug test was consistent with compliance and no drugs of abuse were found. 1/10/14 progress note documented a prescription for methadone 10 mg tabs one p.o. t.i.d. #90 and fentanyl patch 75 mg q.48 hours #15. Medications were recommended to be continued on 2/14/14, 3/14/14, 4/11/14, 5/16/14, and 6/13/14 at the same dosage/regimen. Additional medications include baclofen, Wellbutrin, Lidoderm patch, and meloxicam. Pain levels remain high, 7-9/10. Specific functional improvement, or improvement in VAS scores was not documented. There is no discussion regarding random urine drug screens or a pain contract. Treatment to date has included lumbar spine surgery x 2 (1998 & 2000), rib resection, physical therapy, LESI, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: Records indicate that the pain level was 7-9/10 and did not appear to change over the course of time. There are no documented functional gains attributed to medication use or discussion regarding attempts at weaning. The pain level remained the same. In addition, a prior determination was modified to allow for tapering of methadone from 10 mg t.i.d. to b.i.d. in the first month, 10 mg daily and the second month, and no methadone use in the third month. This regimen was not discussed or followed by the provider. In this context, the medical necessity was not substantiated. A modified certification was appropriately recommended at the time of the prior determination to allow proper tapering. However, in the context of this review, given the inability to render a modified certification, the request as made was not necessary.

Baclofen 10mg #90 Refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: CA MTUS does not recommend the use of muscle relaxants to address chronic pain issues, however supporting their use as a second-line option for short-term treatment of acute exacerbations. The most recent note documented that the patient's condition is unchanged. Pain levels are the same, and efficacy has not been discussed. As duration of use has exceeded guideline recommendations, and there is no documented evidence of efficacy, the request is not substantiated. Recommend non-certification.

Lidoderm 5% #30 Refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain Chapter Lidoderm Patches Not recommended until after a trial of a first-line therapy, according to the criteria below. Lidodermï¿½ is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized neuropathic pain after

there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).

Decision rationale: CA MTUS recommends topical lidocaine in a Lidoderm patch for patients who have failed first line therapy and have localized peripheral pain. The patient had cervical and lumbar radicular complaints. The medication regimen also included Wellbutrin. Lidoderm could provide additional help in controlling pain. However, there was no description of functional improvement, reduction in oral medication use, or reduction in pain levels attributed to the use of a Lidoderm patch. The prior determination appropriately modify the request to no refills to allow documentation of the missing information on subsequent requests, however, in the context of this request, given inability to provide a modified determination and in the absence of a rationale for 3 refills of the medication, the medical necessity for the prescription of Lidoderm and 3 refills was not substantiated.