

<b>Case Number:</b>	CM14-0167902		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	01/03/1994
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 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 injured worker is a 60 year old male with a date of injury on 01/03/1994. The mechanism of injury is unknown. Prior treatment history as of 07/24/2014 has included Celexa 20 mg, Ativan 20 mg, Vasotec, Metformin, Kadian, Januvia and Abilify 5 mg. Progress report dated 07/24/2014 states the injured worker complained of low back pain and knee pain. Objective findings on exam revealed paravertebral tenderness and paraspinal tenderness. Straight leg raise test is positive on the right at 65 degrees. The injured worker is diagnosed with low back pain, lumbar disc disease, chronic pain syndrome, myalgia, and pain in limb. He has been recommended to continue with Kadian capsule ER 24 hour 30 mg, Lidoderm patch 5% and Morphine Sulfate tablet. There are no laboratory studies provided for review. There was also no pain scoring or medication history provided. Prior utilization review dated 09/23/2014 states the request for Lidoderm patch is denied as there is no evidence of failed first line therapy; Morphine Sulfate 15mg is denied as there is a lack of documented evidence to support the request; Kadian 30mg is denied as there is no indication why the injured worker needs two opiates for treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch:** 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): 111-113.

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended as an option in certain circumstances. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the injured worker complains of low back, leg, and knee pain. However, the report provided does not indicate failed trials of first-line treatment of oral NSAIDs. There is no evidence that oral pain medication is insufficient to alleviate pain symptoms. Based upon these reasons the medical necessity for Lidoderm patch have not be established based on guidelines and lack of documentation. The request for Lidoderm patch is not medically necessary.

**Morphine Sulfate 15mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids Page(s): 76-96.

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines recommendations of opioid use for chronic pain are identified; Failure to respond to a time-limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy. Opioids are recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury, with the most common example being pain secondary to cancer). In this case, the claimant complains of low back, leg, and knee pain. However, there is no delineation of measurable pain information such as pain scores. In addition, while there is documentation of adequate support from the pain medication regimen, there is no documentation of objective functional improvement that supports the subjective benefit noted. Therefore the medical necessity for Morphine sulfate 15 mg has not been established. The request for Morphine Sulfate 15mg is not medically necessary.

**Kadian 30mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids Page(s): 76-96.

**Decision rationale:** Per Chronic Pain Medical Treatment Guidelines: identify recommendations of opioid use for chronic pain. Failure to respond to a time-limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy. Opioids are recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that

is presumed to be maintained by continual injury, with the most common example being pain secondary to cancer). In this case, the claimant complains of low back, leg, and knee pain. However, there is no delineation of measurable pain information such as pain scores. In addition, while there is documentation of adequate support from the pain medication regimen, there is no documentation of objective functional improvement that supports the subjective benefit noted. Also, there is no rationale as to why two opioids are used for the treatment. Furthermore, the claimant's daily morphine equivalent is equal to 120 mg when taking the requested opioid medication as prescribed. The guidelines recommend that the total morphine equivalent dosage should not exceed 100 MME/day of opioids, which is being exceeded. Therefore the medical necessity for Kadian 30 mg has not been established. The request for Kadian 30mg is not medically necessary.