

Case Number:	CM14-0098569		
Date Assigned:	07/28/2014	Date of Injury:	04/25/2001
Decision Date:	09/03/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/26/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 42-year-old female who reported an injury on 04/25/2001, reportedly while helping a patient in bed and injured her low back. The injured worker's treatment history included medications and epidural steroid injections. The injured worker was evaluated on 06/02/2014, and it was documented that the injured worker complained of chronic low back, shoulder, and hip pain. The provider noted she was status post left shoulder surgery in 02/2002 and lumbar fusion surgery in 04/2002, both without benefit. She stated her pain continued to be variable. The injured worker noted that being active, such as household activities, would cause pain to increase at times. The pain was along the lower back, bilateral shoulders, and left hip. She noted that her bilateral knees would feel weak, usually when her pain was flared. She had to use a wheelchair at those times. She did continue to experience headaches as well. She rated her pain at 6/10 to 7/10 on the VAS scale. The provider noted the injured worker continued to use 4 tablets daily of Norco. She had been using this exact amount for 10 years. She stated that the pain was significantly increased without medication and it allowed her to get out of bed and perform self-care activities. She stated that Dilaudid was very helpful for the breakthrough pain. She did not use this medication daily. The injured worker noted when her fentanyl was not authorized on time, she did almost have to go to the ER. She had been using the 50 mcg/hour dose for about 5 years. The Lidoderm patch had been very helpful for burning pain. She stated that using these along the spine, 3 patches at once was helpful and she recalled 70% relief and muscle relaxation. She used 2.5 tablets of gabapentin daily. She stated that this was helpful for her deep nerve pain and she noted this relief was constant. With the use of her medications, she was able to have a functional life. The findings in the lower extremities were difficult to assess due to pain in the lower back. Hip flexion against resistance was less on the left versus right. Cervical range of motion was overall limited to about 30% to 50%. Rotation to the left was

limited more than to right. Tenderness was noted along the area of the mid cervical spine. There was tenderness to palpation along the superior trapezius musculature. The medications included Lidoderm 5% patch, ketamine 5% cream, Nexium 40 mg, gabapentin 600 mg, Dilaudid 4 mg, fentanyl 50 mcg/hour patch, hydrocodone/APAP 10/325 mg, tizanidine HCL 4 mg, Valium 5 mg, Wellbutrin 100 mg, Cymbalta 30 mg, Colace, Lactulose syrup, and Senokot. The diagnoses included sciatica; status post left shoulder surgery, pain in joint shoulder, disorders sacrum, and syndrome post laminectomy lumbar. The request for authorization dated 07/01/2014 was for Lidoderm 5% patch, Dilaudid 4 mg, and fentanyl 50 mcg/hour patch for pain relief for the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch, Sig-apply patch every 12 hours, QTY 30, REF 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009 (Final Version): Topical Compounds; Lidoderm (lidocaine patch) Page(s): 111-113.

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

Decision rationale: The California MTUS Guidelines indicate that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the outcome measurements of home exercise regimen and long-term functional goals for the injured worker. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the location where patch is needed on injured worker. Given the above, the request for Lidoderm 5% Patch, Sig-apply patch every 12 hours, QTY 30, 5 refills is not medically necessary.

Dilaudid 4mg tablet, Sig- take 1 every 4-6 hours as needed for pain, QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tolerance and addiction; Opioid hyperalgesia Page(s): 81,83,90, 95. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 2nd Edition, 2004 page 115; ACOEM Occupational Medicine Guidelines, 2nd Edition APG Insight Volume 3 Number One Winter 2007.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There were no conservative measures indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. Given the above, the request for Dilaudid 4 mg. tablet, Sig- take 1 every 4-6 hours as needed for pain, QTY 60 is not medically necessary.

Fentanyl 50 mcg/hr Patch, sig-one to skin every 72 hours, QTY 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44. Decision based on Non-MTUS Citation <http://www.fda.gov/Drugs/DrugSafety/PublicHealthAdvisories/ucm048721.htm>;Page Last Updated: 06/18/2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) & Fentanyl Page(s): 44, 47.

Decision rationale: The requested is not medically necessary. The California MTUS guidelines do not recommend Duragesic fentanyl transdermal system as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The documents submitted for review lacked evidence of conservative care outcome measures of physical therapy and home exercise regimen for the injured worker. In addition, the request failed to indicate location where the Fentanyl patch should applied on the injured worker. Therefore, the request for fentanyl 50 mcg/hr. patch, sig-one to skin every 72 hours, QTY 10 is not medically necessary.