

Case Number:	CM14-0218039		
Date Assigned:	01/07/2015	Date of Injury:	05/29/2003
Decision Date:	03/03/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: 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:

This is a male who suffered an industrial related injury on 5/29/03. A physician's report dated 3/20/14 noted the injured worker had lumbar fusion surgery on 2/5/14. The injured worker stated he was significantly better after the surgery. The injured worker was prescribed Duragesic patches, Hydromorphone, Flexeril ER, Lidoderm patches, and Colace. Diagnoses included thoracic spine pain and lumbar spine pain. A MRI of the thoracic spine MRI obtained on 6/19/12 was noted to have shown central disk protrusion at T4-5. A physician's report dated 12/4/14 noted the injured worker's pain was 10/10 and 8/10 with medications. Physical examination findings included tenderness in the left rib cage in the mid to thoracic area with palpation and diminished range of motion in the lumbar spine. The injured worker was using a cane for ambulation. The injured worker was noted to be retired. On 12/23/14 the utilization review (UR) physician denied the request for 60 tablets of Dilaudid 2mg, 15 Duragesic patches 25mcg, 15 Duragesic patches 50mcg, and 30 Lidoderm patches 5% with 4 refills. Regarding the requests the UR physician noted there was no evidence of significant functional improvement with the medications. There was a lack of documentation demonstrating the injured worker was assessed for adverse effects or aberrant behaviors. A urine drug screen was not submitted to verify appropriate medication use. The documentation submitted did not provide evidence of there being a trial of first line therapy such as antidepressants or antiepileptic drugs before the initiation of Lidoderm patches. In the absence of adequate documentation to support the ongoing use of these medications the requests are not supported. The Medical Treatment Utilization

Schedule guidelines recommend weaning opioid medication as opposed to abrupt discontinuation. Therefore the requests were partially certified for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Dilaudid 2 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documents do not indicate that the injured worker has significant pain reduction and objective functional improvement as a result of chronic opioid treatment. Aberrant behavior has not been assessed as recommended by the MTUS Guidelines when utilizing opioid pain medications. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment.

15 Duragesic Patches 25 mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) section Opioids section Weaning of medications section.

Decision rationale: The MTUS Guidelines do not recommend the use of Duragesic patch 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. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use of opioids may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance.

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15 Duragesic Patches 50 mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) section Opioids section Weaning of medications section.

Decision rationale: The MTUS Guidelines do not recommend the use of Duragesic patch 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. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use of opioids may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documents do not indicate that the injured worker has significant pain reduction and objective functional improvement as a result of chronic opioid treatment. Aberrant behavior has not been assessed as recommended by the MTUS Guidelines when utilizing opioid pain medications. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment.

30 Patches of Lidoderm 5% with 4 Refills: Upheld

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

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

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of

antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia.