

Case Number:	CM14-0067064		
Date Assigned:	08/08/2014	Date of Injury:	06/29/1999
Decision Date:	06/17/2015	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/12/2014

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: Pennsylvania
 Certification(s)/Specialty: Internal 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:

The injured worker is a 55 year old female who sustained an industrial injury on 06/29/1999 due to a fall. She reported chronic bilateral neck and low back pain that had progressively increased in intensity since stopping pain medications. The injured worker was diagnosed as having chronic pain syndrome; chronic low back pain syndrome; pain in joint, shoulder region; cervical degenerative disc disease; thoracic degenerative disc disease; lumbar degenerative disc disease; shoulder rotator cuff syndrome; other specified disorders of bursae and tendons in shoulder region; long term (current) use of other medications; and depression. Treatment to date has included medications, shoulder surgeries, facet radiofrequency ablation and median branch blocks, acupuncture, myofascial therapy/massage, and psychological treatment. The documentation notes that the injured worker has not worked since December 1999. Treatment by a psychiatrist beginning in 2003 was noted. A history of alcohol abuse and use of marijuana was noted. Lidoderm, codeine, and morphine were prescribed in October 2011. Reports in 2013 note continued use of morphine and Lidoderm patches. Nine psychotherapy sessions were documented from August 2013 to January 2014. At a visit on 3/20/14, it was documented that the injured worker had stopped all her opioids. Urine drug screen on 3/20/14 was negative for morphine. At a visit on 4/23/14, the injured worker reported progressively increased severe neck pain and low back pain over the past few months since discontinuing all pain medications, with disruption in sleep and difficulty performing many basic activities of daily living due to increased pain and spasms. It was noted that radiofrequency ablations have helped reduce pain for several months at a time in the past but that authorization requests for additional treatments

have been denied. The injured worker was requesting new prescriptions for pain medications. It was noted that she has continued paying for psychotherapy out of pocket due to denial of services. Morphine, Lidoderm patches, codeine, and a compounded topical cream were prescribed and a psychology referral was requested. Work status was noted as disabled. On 5/3/14, Utilization Review (UR) non-certified requests for 8 Pain psychology treatments, Morphine 30mg #30, Codeine Sulfate 60mg #120, Lidoderm 5% 700mg #90 with 3 refills, MSK gel 120gm (Ketoprofen 20%, Indomethacin 2%, Baclofen 2%, Cyclobenzaprine 2% in Lidoderm base) with 3 refills, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Pain psychology treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter / Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: treatment of depression.

Decision rationale: The MTUS recommends psychological treatment for appropriately identified patients during treatment for chronic pain. A stepped-care approach involving psychological intervention is recommended, including identification of specific concerns, consultation with a psychologist, individual or group therapy, and possible multidisciplinary treatment with mental health providers. The MTUS provides specific recommendations for psychotherapy in cases of chronic pain. A trial of cognitive behavioral therapy (CBT) is an option, with results of treatment determined by functional improvement. The recommended quantity of visits for a CBT trial is 3-4 visits. The maximum quantity of visits for CBT is 10. The Official Disability Guidelines provide recommendations for longer courses of psychotherapy for depression. All treatment should be continued only if there is specific improvement, including functional improvement. This injured worker has a diagnosis of depression. In this case, the injured worker has had 9 sessions of psychotherapy from August 2013 to January 2014, as well as prior psychotherapy in previous years, dating back to 2003. The additional 8 sessions would be in excess of the MTUS recommendations. The documentation indicates that the injured worker has not worked since December 1999, and work status is currently noted as disabled. There was no documentation of functional improvement as a result of psychological treatment. Due to number of sessions requested (which in addition to the recent course of treatment, would be in excess of the MTUS recommendation) and lack of functional improvement, the request for 8 Pain psychology treatments is not medically necessary.

Morphine 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use: Steps to take before a Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids: initiating opioids Page(s): 76-77.

Decision rationale: The MTUS criteria for use of opioids includes establishment of a treatment plan, including trial of reasonable alternatives to treatment and assessment of likelihood of abuse or adverse outcome, attempt to determine if the pain is nociceptive or neuropathic, attempt to determine if there are underlying contributing psychological issues, failure of trial of non-opioid analgesics, baseline pain and functional assessment, setting of goals before the initiation of therapy, a pain related assessment and assessment of likelihood of weaning from opioids, at least one physical and psychological assessment, discussion of risks and benefits of use of controlled substances, consideration of a written consent or pain agreement for chronic use, and consideration of the use of a urine drug screen to assess for the use of illegal drugs. This injured worker had been prescribed opioids for over two years, until approximately March 2014 when it was noted that the injured worker had stopped taking opioid medication. Worsening pain was noted, and morphine and codeine were again prescribed in April 2014. Multiple reports note use of marijuana, and one report notes a prior history of alcohol abuse; this was not addressed at the time of restarting morphine and codeine at the recent visit. No treatment plan or functional goals were discussed and there was no documentation of a signed opioid agreement. There was no documentation of functional improvement as a result of prior use of opioids. As currently prescribed, morphine does not meet the criteria for use of opioids as elaborated in the MTUS and is therefore not medically necessary.

Codeine Sulfate 60mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use: Steps to take before a Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Initiating opioids Page(s): 76-77.

Decision rationale: The MTUS criteria for use of opioids includes establishment of a treatment plan, including trial of reasonable alternatives to treatment and assessment of likelihood of abuse or adverse outcome, attempt to determine if the pain is nociceptive or neuropathic, attempt to determine if there are underlying contributing psychological issues, failure of trial of non-opioid analgesics, baseline pain and functional assessment, setting of goals before the initiation of therapy, a pain related assessment and assessment of likelihood of weaning from opioids, at least one physical and psychological assessment, discussion of risks and benefits of use of controlled substances, consideration of a written consent or pain agreement for chronic use, and consideration of the use of a urine drug screen to assess for the use of illegal drugs. This injured worker had been prescribed opioids (morphine and codeine) for over two years, until approximately March 2014 when it was noted that the injured worker had stopped taking opioid medication. Worsening pain was noted, and morphine and codeine were again prescribed in April 2014. Multiple reports note use of marijuana, and one report notes a prior history of alcohol abuse; this was not addressed at the time of restarting morphine and codeine at the recent visit. No treatment plan or functional goals were discussed and there was no documentation of a

signed opioid agreement. There was no documentation of functional improvement as a result of prior use of opioids. As currently prescribed, codeine does not meet the criteria for use of opioids as elaborated in the MTUS and is therefore not medically necessary.

Lidoderm 5% 700mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: This injured worker has chronic back pain. Lidoderm has been prescribed for years; progress notes show prescription of this medication in October 2011 and additional reports note its use as far back as 2005. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or Lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, or that the injured worker has failed the recommended oral medications. There was no documentation of functional improvement as a result of use of lidoderm. The documentation indicates that the injured worker has not worked since December 1999, and work status is currently noted as disabled. Due to lack of documentation of neuropathic pain, lack of documentation of failure of first line oral antidepressant or anticonvulsant medication, and lack of functional improvement, the request for lidoderm patches is not medically necessary.

MSK gel 120gm (Ketoprofen 20%, Indomethacin 2%, Baclofen 2%, Cyclobenzaprine 2% in Lidoderm base) with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain p. 60 Topical analgesics p. 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation submitted did not indicate that the injured worker had failed a trial of oral antidepressant or antiepileptic medication. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not

medically necessary on this basis at minimum. Topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. Topical nonsteroidals are not recommended for neuropathic pain. Ketoprofen, a nonsteroidal anti-inflammatory agent (NSAID), is not currently FDA approved for topical application. It has a high incidence of photocontact dermatitis. As topical ketoprofen is not FDA approved, it is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. This compounded topical product contains indomethacin, another NSAID, which is duplicative and potentially toxic. Baclofen is not recommended in topical form. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. Topical lidocaine other than Lidoderm is not recommended per the MTUS. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. As multiple drugs in this compounded topical medication are not recommended, the compound is not recommended. Due to lack of recommendation by the guidelines, lack of documentation of failure of first-line oral medication, and provision of multiple medications simultaneously, the request for MSK gel 120gm (Ketoprofen 20%, Indomethacin 2%, Baclofen 2%, Cyclobenzaprine 2% in Lidoderm base) with 3 refills is not medically necessary.