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| Case Number: | CM15-0010505 | | |
| Date Assigned: | 01/28/2015 | Date of Injury: | 07/11/1982 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 01/07/2015 |
| Priority: | Standard | Application Received: | 01/19/2015 |

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: Physical Medicine & Rehabilitation

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 53-year-old male sustained work-related injuries on 7/11/1982 that resulted in paraplegia. He now has multiple health problems. Diagnoses as per the PR2 dated 8/7/2014: spinal injury with resultant paraplegia, chronic pain syndrome, immunodeficiency, neuropathic pain bilateral lower extremities, cephalgia with chronic headaches, upper extremity weakness, left C5 radiculopathy, left ulnar radiculopathy, opioid dependence, E. Coli, MRSA, proteus mirabilis infection of lungs and genitourinary tract, polypharmacy and oxygen dependency. Previous treatments include medications, IVIG therapy, BiPAP, continuous oxygen, Botox injections for neurogenic bladder, peripherally inserted central venous catheter (PICC) and surgical implantation of a Port-A-Cath. The treating provider requests MS Contin 100 mg #90, MSIR 15 mg #120 and Lidoderm patch 5% three patches every 12 hours on and 12 hours off, #90. The Utilization Review on 1/7/2015 modified the request to MS Contin 100 mg, #45 no refills and MSIR 15 mg, #60 no refills; Lidoderm patch 5% three patches every 12 hours on and 12 hours off, #90 was non-certified. Source cited was CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with severe neck pain, shoulder pain, hypertension, cardiac disease, GI symptoms, pulmonary disease, psychiatric problems, spinal cord injury and paraplegia. The treater is requesting MS CONTIN 100 MG #45. The RFA was not made available for review. The patient's date of injury is from 07/11/1982 and his current work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed MS Contin on 05/08/2014. The 08/07/2014 report notes that the patient's pain level with medication is 6/10 and 10/10 without medications. He further states that medications are "helpful in reducing his pain and allowing him to perform daily function." Aside from this statement, none of the reports notes specific ADLs. No side effects were reported and no urine drug screen or CURES report were discussed to show aberrant drug-seeking behavior. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

MSIR 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with severe neck pain, shoulder pain, hypertension, cardiac disease, GI symptoms, pulmonary disease, psychiatric problems, spinal cord injury and paraplegia. The treater is requesting MSIR 15 MG #60. The RFA was not made available for review. The patient's date of injury is from 07/11/1982 and his current work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was

prescribed MSIR on 05/08/2014. The 08/07/2014 report notes that the patient's pain level with medication is 6/10 and 10/10 without medications. He further states that medications are "helpful in reducing his pain and allowing him to perform daily function." Aside from this statement, none of the reports notes specific ADLs. No side effects were reported and no urine drug screen or CURES report were discussed to show aberrant drug-seeking behavior. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

Lidoderm Patch 5% three patches every 12 hours on and 12 hours off #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indication Page(s): 111-114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine; topical analgesic Page(s): 56-57, 111-113.

Decision rationale: This patient presents with severe neck pain, shoulder pain, hypertension, cardiac disease, GI symptoms, pulmonary disease, psychiatric problems, spinal cord injury, and paraplegia. The treater is requesting LIDODERM PATCH 5% THREE PATCHES EVERY 12 HOURS ON 12 HOURS OFF #90. The RFA was not made available for review. The patient's date of injury is from 07/11/1982 and his current work status was not made available. The MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral 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-." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The records show that the patient was prescribed Lidoderm patches on 05/08/2014. The 08/07/2014 report notes, "His current course of pain medication from this office has been helpful in reducing his pain and allowing him to perform daily function." Given that the treater has noted medication efficacy, the continued use of Lidoderm patches are supported by the guidelines. The request IS medically necessary.