

Case Number:	CM15-0019945		
Date Assigned:	02/09/2015	Date of Injury:	11/24/2001
Decision Date:	03/26/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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, Indiana, New York
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 64 year old male who sustained an industrial related injury on 11/24/01. The injured worker had complaints of low back pain. Medication included Duragesic, Gabapentin, Linzess, and Norco. Diagnoses included status post L4-S1 fusion, left sacroillitis, chronic low back pain and facet arthritis and degenerative disc disease at L2-3, and L3-4. Treatment included lumbar fusion at L4-5 and L5-S1 in 2001, epidural steroid injections x6, left sacroiliac joint injection, radiofrequency ablation on 6/20/14, and 14 acupuncture sessions. The treating physician requested authorization for Lidocaine Pad 5% #30 and Fentanyl DIS 50mcg #15. On 1/22/15 the requests were non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no recent documentation of the injured worker's pain, visual analog scale, functional deficits, medication compliance, or rational for continued need for the medications. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm Patches

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (No more than four weeks); it is generally recommended no other medication changes be made during the trial; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses or status post L4 -S1 fusion; left sacroiliitis; facet arthritis and degenerative disc disease; and chronic low back pain. The documentation indicates Lidoderm was first prescribed/requested January 12, 2015. The documentation does not indicate the anatomical region to apply the Lidoderm patch. Physical examination does not reflect neuropathic objective findings. There is no designation for the planned number of patches and duration for use (number of hours per day) documented in the medical record. Consequently, absent clinical documentation listing the anatomical region, designation for planned number of patches and duration for use, and neuropathic clinical findings, Lidoderm 5% #30 not medically necessary.

Fentanyl DIS 50mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fentanyl Dis 50mcg #15 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working

diagnoses or status post L4-S1 fusion; left sacroiliitis; facet arthritis and degenerative disc disease; and chronic low back pain. The documentation shows the injured worker was using fentanyl as far back as July 28, 2014. The treating physician prescribed fentanyl 75mcg with attempts to lower the dose. The documentation does not contain evidence of objective functional improvement to gauge fentanyl clinical efficacy. There are no pain assessments in the medical record. There are no risk assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement, pain and risk assessments, fentanyl 50 mcg #15 is not medically necessary.