

Case Number:	CM15-0122895		
Date Assigned:	07/07/2015	Date of Injury:	11/26/1999
Decision Date:	07/31/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old female who sustained an industrial /work injury on 11/26/99. She reported an initial complaint of neck and low back pain. The injured worker was diagnosed as having post laminectomy syndrome (lumbar/cervical), chronic pain syndrome, brachial neuritis or radiculitis, other disorders of the cervical region, cervicalgia, and lumbago. Treatment to date includes medication, home exercise program, and spinal cord stimulator. Currently, the injured worker complained of low back pain that radiated to both legs. Pain was burning and rated 10/10 with withdrawal symptoms with detox. Per the primary physician's report (PR-2) on 5/27/15, exam noted antalgic gait, restricted range of motion to spine, severe spasms vs. guarding of the lumbar spine with midline tenderness. Cervical spine range of motion is mildly decreased with flexion. Current plan of care included cognitive behavior therapy and treat post detox/pain with medications. The requested treatments include Fentanyl patch 50 mcg/hr. , Seroquel 50 mg, and Lidoderm film 5% (symptoms related to post laminectomy syndrome of lumbar (low back) region as an outpatient).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50 mcg/hr (one patch applied every 72 hours, for 30 days), Qty 10 with no refills (symptoms related to post laminectomy syndrome of lumbar (low back) region as an outpatient): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86. (2) Weaning of Medications, Page(s): 76-80, 86, 124.

Decision rationale: The claimant sustains a work injury in November 1999 and continues to be treated for radiating back pain. Diagnoses include post laminectomy syndrome and treatments have included medications and use of a spinal cord stimulator. When seen, she had undergone detox for one week. It had done well but she was having ongoing pain and anxiety. She was having withdrawal symptoms. Pain was rated at 10/10. There was an antalgic gait with decreased lumbar spine range of motion with muscle spasms, and guarding, and tenderness. Cervical spine range of motion was decreased. Recommendations included referral for all used counseling and there was consideration of prescribing Suboxone or methadone. Fentanyl was prescribed as a total MED (morphine equivalent dose) of 120 mg per day. Lidoderm and Seroquel were prescribed. Fentanyl is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management while having withdrawal symptoms after recent detox treatment. The total MED was 120 mg per day consistent with guideline recommendations. Prescribing Fentanyl was medically necessary.

Seroquel 50 mg tablet (1 tab by mouth at bedtime, for 30 days) Qty 30 with no refills (symptoms related to post laminectomy syndrome of lumbar (low back) region as an outpatient): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications, p124 Page(s): 124. Decision based on Non-MTUS Citation Pinkofsky HB, Hahn AM, Campbell FA, Rueda J, Daley DC, Douaihy AB. Reduction of opioid-withdrawal symptoms with quetiapine. J Clin Psychiatry. 2005 Oct;66 (10):1285-8.

Decision rationale: The claimant sustains a work injury in November 1999 and continues to be treated for radiating back pain. Diagnoses include post laminectomy syndrome and treatments have included medications and use of a spinal cord stimulator. When seen, she had undergone detox for one week. It had done well but she was having ongoing pain and anxiety. She was having withdrawal symptoms. Pain was rated at 10/10. There was an antalgic gait with decreased lumbar spine range of motion with muscle spasms, and guarding, and tenderness. Cervical spine range of motion was decreased. Recommendations included referral for all used counseling and there was consideration of prescribing Suboxone or methadone. Fentanyl was prescribed as a total MED (morphine equivalent dose) of 120 mg per day. Lidoderm and Seroquel were prescribed. Seroquel (quetiapine) is an antipsychotic medicine used to treat schizophrenia, bipolar disorder, and is used together with antidepressant medications to treat major depressive disorder. It has been shown to reduce the symptoms of opioid withdrawal and was being prescribed for this reason. It was medically necessary.

Lidoderm film 5% (1 patch applied topically once every day, for 30 days) Qty 30 with no refills (symptoms related to post laminectomy syndrome of lumbar (low back) region as an outpatient): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). (2) Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The claimant sustains a work injury in November 1999 and continues to be treated for radiating back pain. Diagnoses include post laminectomy syndrome and treatments have included medications and use of a spinal cord stimulator. When seen, she had undergone detox for one week. It had done well but she was having ongoing pain and anxiety. She was having withdrawal symptoms. Pain was rated at 10/10. There was an antalgic gait with decreased lumbar spine range of motion with muscle spasms, and guarding, and tenderness. Cervical spine range of motion was decreased. Recommendations included referral for all used counseling and there was consideration of prescribing Suboxone or methadone. Fentanyl was prescribed as a total MED (morphine equivalent dose) of 120 mg per day. Lidoderm and Seroquel were prescribed. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm was not medically necessary.