

Case Number:	CM15-0170706		
Date Assigned:	09/11/2015	Date of Injury:	08/13/1985
Decision Date:	10/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	08/31/2015

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: Family Practice

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 62 year old female who sustained an industrial injury on 8-13-85. The injured worker reported pain in the neck, back and legs. A review of the medical records indicates that the injured worker is undergoing treatments for degeneration lumbar lumbosacral disc, thoracic lumbar neuritis radiculitis, post-laminectomy syndrome cervical, chronic pain syndrome, pain in joint pelvis thing. Medical records dated 8-4-15 indicate pain rated at 4 out of 10. Records indicate worsening of the injured workers activities of daily living. Treatment has included Opana since at least February of 2015, homeopathic care, oral pain medication, surgery, transcutaneous electrical nerve stimulation unit, Psychological counseling, acupressure, Dilaudid since at least February of 2015, Flexeril since at least February of 2015, and a cane for ambulation. Physical examination dated 8-4-15 was notable for an antalgic gait, no evidence of symptoms magnification. The treating physician indicates that the urine drug test was performed 8-4-15. The original utilization review (8-28-15) partially approved Dilaudid 8 milligrams quantity of 150, Flexeril 10 milligrams quantity of 90 and Lidopro cream quantity of 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The long-term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. Moreover, per the MTUS guidelines, recommendation is for morphine equivalent dosage not to exceed 120. In this case, the ongoing utilization of opioids is not supported, and weaning is recommended. The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for Dilaudid 8mg #150 is not medically necessary and appropriate.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such the request for Flexeril 10mg #90 is not medically necessary and appropriate.

Lidopro cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Lidopro contains capsaicin, lidocaine, menthol and methyl salicylate. According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The MTUS guidelines state that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request for Lidopro cream #1 is not medically necessary and appropriate.