

Case Number:	CM15-0176803		
Date Assigned:	09/17/2015	Date of Injury:	03/29/1995
Decision Date:	10/21/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/08/2015

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 65 year old female, who sustained an industrial injury on 3-29-1995. The injured worker is being treated for neck pain status post fusion, loss of voice and left foot pain status-post surgical repair. Treatment to date has included surgical intervention of the left foot times 2, undated, C5, C6 and C7 fusion in 2000 and C4 and C5 in 2012), medications. Medications as of 8-12-2015 include Morphine, Lidoderm patches, Valium and Reglan. Per the Primary Treating Physician's Progress Report dated 8-12-2015, the injured worker presented for further evaluation of left foot and ankle pain. She has received authorization for aqua therapy but has not started yet. She is being treated for vertigo by her PCP. She reports that prescribed medications are reducing her pain levels form 10 out of 10 down to 1 out of 10 with the use of Morphine and Valium. She has not used the Lidoderm patches in quite some time but when she was using the patches they would help with some of the numbness. She has been falling several times throughout her house and has assistance when she takes a bath. She would like a walk in bathtub in order to bathe on her own. Objective findings included a steady gait; she walks with the assistance of a cane. She has a slow, guarded time arising from a seated position. Per the medical records dated 3-03-2015 to 8-12-2015 there is no documentation of improvement in symptoms or increase in activities of daily living with the prescribed medications. The plan of care included continuation of medications and authorization was requested on 8-19-2015 for Morphine sulfate, Lidoderm patch, Valium and Reglan. On 8-25-2015, Utilization Review modified the request for Morphine Sulfate 15mg #60 for weaning and non-certified the request for Lidoderm patch #30 citing lack of substantiated medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 15mg #60: 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): Oral morphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine sulfate 15 mg #60 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 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are neck pain status post fusion C5, C6, C7 March 2000; fusion C4, C5 December 2012; chronic throat irritation status post surgery cervical spine 2012; left foot pain status post surgical repair times #2. Date of injury is March 29, 2015. Request for authorization is August 19, 2015. The injured worker is status post surgical repair of the left foot and cervical fusions. According to a progress note dated March 3, 2015, current medications included Valium, morphine sulfate and Lidoderm patches. According to a July 17, 2015 progress note, Reglan 10 mg was added to the drug regimen. There was no clinical indication or rationale for its use. According to an August 12, 2015 progress note, the injured worker has ongoing left foot and ankle pain. Pain score is 10/10, but with medications is 1/10. The injured worker reports Lidoderm patches have not been used in some time, but when they are used it relieves the pain. Objectively, the injured worker ambulates with a cane and has a slow guarded gait. Blood pressure is 129/83. There is no physical examination and medical record. Documentation does not demonstrate objective functional improvement to support the ongoing use of morphine sulfate. There are no detailed pain assessments or risk assessments in the record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no attempted at weaning, Morphine sulfate 15 mg #60 is not medically necessary.

Lidoderm Patch #30: 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): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch #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 are neck pain status post fusion C5, C6, C7 March 2000; fusion C4, C5 December 2012; chronic throat irritation status post surgery cervical spine 2012; left foot pain status post surgical repair times #2. Date of injury is March 29, 2015. Request for authorization is August 19, 2015. The injured worker is status post surgical repair of the left foot and cervical fusions. According to a progress note dated March 3, 2015, current medications included Valium, morphine sulfate and Lidoderm patches. According to a July 17, 2015 progress note, Reglan 10 mg was added to the drug regimen. There was no clinical indication or rationale for its use. According to an August 12, 2015 progress note, the injured worker has ongoing left foot and ankle pain. Pain score is 10/10, but with medications is 1/10. The injured worker reports Lidoderm patches have not been used in some time, but when they are used it relieves the pain. Objectively, the injured worker ambulates with a cane and has a slow guarded gait. Blood pressure is 129/83. There is no physical examination and medical record. The documentation indicates the injured worker does not use the Lidoderm patches reliably or as prescribed. The documentation does not demonstrate objective functional improvement to support ongoing Lidoderm patch use. There is no physical examination or neurologic evaluation. There are no objective neuropathic clinical findings in the record. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of objective neuropathic signs, no documentation showing objective functional improvement and no documentation of failed first-line treatment, Lidoderm patch #30 is not medically necessary.