

Case Number:	CM15-0179419		
Date Assigned:	09/21/2015	Date of Injury:	09/23/1987
Decision Date:	12/03/2015	UR Denial Date:	09/07/2015
Priority:	Standard	Application Received:	09/11/2015

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, 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 63 year old female, who sustained an industrial injury on 9-23-87. The injured worker is undergoing treatment for chronic cervical pain with radiculitis-radiculopathy and left shoulder and arm pain. Medical records dated 8-19-15 indicate the injured worker complains of head, neck, shoulder and arm pain rated 7 out of 10. She reports depression due to pain. Physical exam dated 8-19-15 notes no acute distress, cervical tenderness to palpation of the facet joints and painful range of motion (ROM). Exam is unchanged from 7-21-15 visit. Treatment to date has included oral and transdermal medication and cervical epidural steroid injection. On 8-19-15, review of 3-15-15 note indicates "she got significant relief with the two epidurals. After injections, her pain level went down to a 2 to 3 level and even was able to decrease her pain medicine." Magnetic resonance imaging (MRI) of cervical spine on 5-24-13 indicates cervical degenerative disc disease (DDD) and stenosis. The original utilization review dated 9-07-15 indicates the request for Citracel #780, Cymbalta 30mg #780, Tegaderm patches #13, fiber laxative 3120, Lidoderm patches 780 and Miralax 527mg powder #13 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citracel Qty: 780.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on pages 77-78 recommend prophylactic treatment of opioid related constipation. Specifically, the following is state with regard to initiating Opioid Therapy: "(d) Prophylactic treatment of constipation should be initiated." In the case of this injured worker, there is documentation of opioid use. However, the patient is concurrently prescribed Citracel, Fiber laxative, and Miralax without clear indication of why 3 different medications are needed. Furthermore, there is no documentation of improvement in symptoms of constipation with the use of these medications. As such this request is not medically necessary.

Cymbalta 30mg Qty: 780.00: 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): Antidepressants for chronic pain.

Decision rationale: Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. In the absence of clarity regarding those issues, the current request is not medically necessary.

Tegraderm patches per box Qty: 13.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/basic-principles-of-wound-management> source=search_result&search=tegraderm&selectedTitle=1~16#H456664407.

Decision rationale: Regarding the request for tegaderm, the guidelines are silent on this subject. UpToDate states this type of film dressing is primary indicated in wound care. Polymer films are

transparent sheets of synthetic self-adhesive dressing that are permeable to gases such as water vapor and oxygen but impermeable to larger molecules including proteins and bacteria. This property enables insensible water loss to evaporate, traps wound fluid enzymes within the dressing, and prevents bacterial invasion. Within the submitted documentation, there is no indication that the patient is currently in need of wound care dressing. It was primarily prescribed for the use to secure fentanyl and Lidoderm patches. It is unclear why this specialized dressing is used versus traditional tape that would also secure these types of medicated patches. Therefore, this request is not medically necessary.

Fiber laxative Qty: 3120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on pages 77-78 recommend prophylactic treatment of opioid related constipation. Specifically, the following is state with regard to initiating Opioid Therapy: "(d) Prophylactic treatment of constipation should be initiated." In the case of this injured worker, there is documentation of opioid use. However, the patient is concurrently prescribed Citracel, Fiber laxative, and Miralax without clear indication of why 3 different medications are needed. Furthermore, there is no documentation of improvement in symptoms of constipation with the use of these medications. As such this request is not medically necessary.

Lidoderm patches 5% Qty: 780.00: 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: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical Lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of objective functional improvement as a result of the currently prescribed Lidoderm. As such, the currently requested Lidoderm is not medically necessary.

Miralax 527gm powder Qty: 13.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on pages 77-78 recommend prophylactic treatment of opioid related constipation. Specifically, the following is state with regard to initiating Opioid Therapy: "(d) Prophylactic treatment of constipation should be initiated." In the case of this injured worker, there is documentation of opioid use. However, the patient is concurrently prescribed Citracel, Fiber laxative, and Miralax without clear indication of why 3 different medications are needed. Furthermore, there is no documentation of improvement in symptoms of constipation with the use of these medications. As such this request is not medically necessary.