MAXIMUS Federal Services

Case Number:	CM15-0033810		
Date Assigned:	02/27/2015	Date of Injury:	08/12/2003
Decision Date:	04/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 52 year old female, who sustained an industrial injury on 8/12/2003. The diagnoses have included lumbago, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified, degeneration of lumbar or lumbosacral intervertebral disc and unspecified myalgia and myositis. Treatment to date has included medication. According to the progress report dated 2/9/2015, the injured worker complained of low back pain and right leg pain. She reported having numbness in the right leg with prolonged sitting. Medications were working well. Sleep quality was poor. Average pain was rated 7/10. Physical exam revealed lumbar paraspinal muscle tenderness with spasm. Treatment plan was to continue medical management/renew medications. On 2/18/2015, Utilization Review (UR) modified a request for 30 tablets of Tylenol #3 to 15 tablets of Tylenol #3. UR non-certified requests for 60 Lidoderm patches and 32 sublingual tablets of Abstral 100mcg. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of tylenol #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78.

Decision rationale: The 2/18/15 Utilization Review letter states the 30 tablets of Tylenol #3 requested on the 2/09/15 medical report was modified for weaning, because there was no documentation of the 4As. According to the 2/09/15 pain management report, the patient presents with 7/10 back and leg pain. The physician reports the patient tried and failed Tylenol #3, that apparently caused itching, also failed dilaudid, Nucynta, Vicodin, Percocet, MSIR, Opana, tyl #4, methadone, fentanyl patch. There was no discussion of efficacy with Tylenol no. 3, and there was no rationale for restarting the patient on a medication they tried and failed in the past. MTUS page 78 recommends documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS recommends discussing the 4As for opioid therapy. The reporting suggests the patient has tried and failed both Tylenol no.3 and Tylenol no.4 in the past. There was no rationale provided for restarting the medication that were either ineffective or not tolerated in the past. The request for 30 tablets of Tylenol #3 IS NOT medically necessary.

60 Lidoderm patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Pain Outcomes and Endpoints Page(s): 56-57, 8-9.

Decision rationale: The 2/18/15 Utilization Review letter states the 60 Lidoderm patches requested on the 2/09/15 medical report was modified for weaning, because there was no documentation of pain relief or functional improvement. MTUS Chronic Pain Medical Treatment Guidelines, pages 56-57 for Lidoderm (lidocaine patch) state "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" The medical records show the patient had been using Lidoderm patches since 10/06/14 through 1/09/15, but there is no documentation of functional improvement with use of the patches. MTUS does not recommend continued therapy without documentation of functional improvement. The request for continued use of Lidoderm patches with unknown efficacy is not in accordance with MTUS guidelines. The request for 60 Lidoderm patches IS NOT medically necessary.

32 Sublingual tablets of abstral 100mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentora (fentanyl buccal tablet) Page(s): 47.

Decision rationale: The 2/18/15 Utilization Review letter states the 32 sublingual tablets of Abstral requested on the 2/09/15 medical report was modified for weaning, because it is not recommended by MTUS. Abstral is sublingual fentanyl. The closest reference for sublingual fentanyl is in MTUS under fentanyl buccal tablets, or Fentora. MTUS Chronic Pain Medical Treatment Guidelines, page 47 for Fentora (fentanyl buccal tablet) states "Not recommended for musculoskeletal pain." The Abstral vendor website states that this medication is not for treating pain that is not cancer-related. It is not used to replace any other form of fentanyl. According to the 2/09/15 pain management report, the patient presents with 7/10 back and leg pain. The physician reports the patient tried and failed fentanyl patch. There was no discussion of efficacy with use of Abstral, which has been used since 10/6/14. MTUS does not appear to recommend the oral fentanyl, and it is not recommended for non-cancer pain. MTUS recommends discussing the 4As for opioid therapy. The reporting suggests the patient has tried and failed fentanyl. There was no rationale provided for trying medication that were either ineffective or not tolerated in the past. The request for 32 sublingual tablets of Abstral IS NOT medically necessary.