

Case Number:	CM15-0072403		
Date Assigned:	04/22/2015	Date of Injury:	02/11/2011
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/16/2015

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 62 year old male patient who sustained an industrial injury on 02/11/2011. A primary treating office visit dated 09/02/2014 reported chief complaint of diffuse low back pain and right knee pain. The patient reported subjective complaint of ongoing back pain with radicular symptoms on the left. He did undergo an epidural steroid injection with temporary relief of two weeks. The current pain is rated a 6 out of 10 in intensity. He has undergone a course of acupuncture with noted increased functionality, improved sleep and decreased pain. He has also been able to decrease the use of pain medications. He is status post surgery, anterior fusion on 08/20/2014 and still participating in postoperative rehabilitation. Current medications are: Methadone 5mg QID, Tramadol 50mg, alternating with Tramadol ER, and he takes Fioranal for headaches. In addition, he has been treated with physical therapy for the hand. The following diagnoses are applied: chronic pain syndrome, cervicgia, lumbago, and sciatica. The plan of care involved: attempt completion of acupuncture sessions, Lidocaine patch, methadone, Cymbalta, encouraged psychiatric follow up. A more recent follow up visit dated 04/07/2015 reported a new treating diagnoses of left knee sprain possible medial collateral ligament tear with 08/10/2013 fall onto left lower extremity; weak from back injury. Diagnostic testing to include: magnetic resonance imaging, computerized tomography. Current medications are: Lyrica, LamoTRIGine, Lidocaine, Butalbital, Hydromorphone, Methadone, and Celebrex. Of note, the patient's permanent and stationery status had not been met as of yet. He is to remain off from work for 2-4 weeks and follow up in 2-4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone hcl 10mg Qty: 56.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for methadone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested methadone is not medically necessary.

Hydromorphone hcl 2mg Qty: 42.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for hydromorphone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydromorphone is not medically necessary.

Lidocaine 5% patches Qty: 60.00 (includes 1 refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

Decision rationale: Regarding request for topical lidocaine, 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 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has localized peripheral neuropathic pain and failure of first-line therapy. In the absence of such documentation, the currently requested topical lidocaine is not medically necessary.