

Case Number:	CM14-0172927		
Date Assigned:	10/23/2014	Date of Injury:	05/25/2002
Decision Date:	11/25/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Utah. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year-old female. The patient's date of injury is 5/25/2002. The mechanism of injury was not described. The patient has been diagnosed with carpal tunnel syndrome, lesion of ulnar nerve, osteoarthritis, chondromalacia of the patella, displacement of thoracic or lumbar intervertebral disc. The injured worker has post-laminectomy syndrome, lumbago and thoracic/lumbosacral neuritis/radiculitis, tenosynovitis of the hand and wrist. Tear of medial meniscus of knee. The patient's treatments have included surgery, a home exercise program and medications. The physical exam findings dated July 29, 2014 show the injured worker in moderate to severe distress, using a walker. There is tenderness noted on the paraspinal area of L4-S1, the range of motion is severely limited secondary to pain. Sensory exam shows decreased sensitivity to touch in the L4-S1 dermatomes. The straight leg raise is noted as positive at 40 degrees. The patient's medications have included, but are not limited to, Fentanyl patch, Norco, Magnesium citrate, Celebrex, Gabapentin, Norco, Senokot, Lyrica, MS Contin, and Prochlorperazine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Lidoderm Patch. MTUS guidelines state that Lidocaine may be used for peripheral pain, after there has been a trial of first-line therapy (such as tri-cyclic or SNRI antidepressants or AED such as Gabapentin or Lyrica) Topical Lidocaine in the form of a patch has been designated for orphan status by the FDA for neuropathic pain. According to the clinical documentation provided and current MTUS guidelines; First line medications were used previously to the Lidoderm patches. Therefore, Lidoderm Patch is indicated as a medical necessity to the patient at this time.

Magnesium Citrate Solution #4 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine 14th Edition: Endocrinology and Metabolism; Magnesium Disorders of Metabolism, pages 1935-1937

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Magnesium Citrate. MTUS guidelines state the following: Prophylactic treatment of constipation should be initiated, when taking Opioids. The clinical documents state that the patient was taking opioids. According to the clinical documentation provided and current MTUS guidelines; Magnesium citrate is indicated as a medical necessity to the patient at this time.

MS Contin 30mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical records, it is unclear how much MS Contin the patient was taking previously, if at all, and what the results/outcome of taking that medication was. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no clear

functional gain that has been documented with this medication, similar to Norco. There has been a modified request that has been approved. According to the clinical documentation provided and current MTUS guidelines; MS Contin, as written above, is not indicated a medical necessity to the patient at this time.

Norco 10/325mg, #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical records, it is unclear how much Norco the patient was taking previously, if at all, and what the results/outcome of taking that medication was. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no clear functional gain that has been documented with this medication. There has been a modified request that has been approved. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not indicated a medical necessity to the patient at this time.

Prochlorperazine 25mg suppository #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, and Antiemetic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, and Antiemetic

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Prochlorperazine. Guidelines state the following: Anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid usage. According to the clinical documentation provided and current guidelines; Prochlorperazine is not indicated as a medical necessity to the patient at this time.