

Case Number:	CM13-0019310		
Date Assigned:	10/11/2013	Date of Injury:	11/14/2003
Decision Date:	08/08/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/03/2013

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 59 year-old individual was reportedly injured on 11/14/2003. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 10/23/2013 indicates that there are ongoing complaints of low back pain with pain radiating down both legs. The physical examination demonstrated Cervical Spine: positive tenderness to palpation and spasm of the paravertebral muscles bilaterally. Lumbar spine: range of motion is limited by pain. Positive tenderness to palpation and muscle spasm along the paravertebral muscles lumbar bilaterally. Bilateral ankle jerk 1/4, patellar jerk 2/4 bilaterally. Motor exams limited by pain. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, psychological evaluation, medications, physical therapy, and conservative treatment. A request was made for Lidoderm 5% patch #30, Provigil 200 mg #30, trazodone 100 mg #60, and was not certified in the pre-authorization process on 8/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LIDODERM 5 PERCENT PATCH SIG: APPLY FOR 12 HOURS PER DAY AS NEEDED #30: Upheld

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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 56 OF 127.

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The MTUS supports the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the injured worker does have some findings of tenderness and muscle spasm on physical exam. Also the claimant has been seen by psychologist for mental health issues. I was unable to identify documented failure of first-line treatments to include a try cyclic or antidepressant. Therefore, the request is considered not medically necessary.

PROVIGIL 200MG TABLET SIG: 1 EVERY MORNING, 1 AT MIDNIGHT #60: 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 Official Disability Treatment Guidelines Integrated Treatment/Disability DurationPain (Chronic) (See also body-part chapters for condition specific information, especially the Low Back Chapter - also see disclaimer) (updated 6/10/2014).

Decision rationale: Modafinil (Provigil) is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution as indicated below. Indications: Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders or DSM diagnostic classification. After review of the medical records provided it is noted the patient does have diagnosis of (780.52) sleep disorder interrupted, however according to ODG guidelines this medication is to be used for patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea and shift work disorder. This claimant does not meet any of the criteria; therefore, the continued use of this medication is deemed not medically necessary.

TRAZODONE 100MG TABLET SIG: TAKE 1 AT BEDTIME AS NEEDED #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS) Page(s): 107.

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): 107 OF 127.

Decision rationale: SSRIs (selective serotonin reuptake inhibitors) like Trazodone are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. After review of the medical records it appears the patient is taking an SSRI for depression and mood disorders and Ambien for sleep. There is no subjective or objective clinical documentation in the history or physical exam stating the continued need for this medication. Therefore it is deemed not medically necessary, per MTUS guidelines.