

Case Number:	CM13-0023486		
Date Assigned:	06/06/2014	Date of Injury:	07/14/2005
Decision Date:	07/29/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/23/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 43 year old female who reported an injury on 7/14/05; the mechanism of injury was not provided for review. The injured worker had a history of pain to the middle to lower back, gluteal area and shoulder pain. The injured worker had diagnoses including chronic pain, cervical spondylosis, and cervical radiculopathy and failed back surgery syndrome to the cervical spine. The medications included Lidoderm 5%, methadone 10 mg, baclofen 20 mg, and Lyrica 75 mg. The injured worker reported pain rated at 5/10 with medication and 8-9/10 without medication. The injured worker completed 12 sessions of physical therapy with improved posture, aquatic massage, daily rolls and stretching and walking daily, acupuncture, chiropractic care, and an epidural steroid injection with a 50 percent improvement in pain. The clinical note dated 5/28/14 noted limited flexion, extension and rotation about 50 percent, flexed forward, and tenderness and plus trap tightness.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG #210 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62, 78.

Decision rationale: The California MTUS guidelines recommend methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Vigilance is suggested in treatment initiation, when converting from another opioid to methadone, and when titrating the methadone dose. The California MTUS Guidelines also state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. This should include a pain assessment of current pain, least reported pain from the prior assessment, average pain, intensity of pain, and how long pain relief lasts. The requesting physician did not include an adequate and complete assessment of the injured worker's pain. There is a lack of documentation demonstrating the injured worker has experienced significant objective functional improvement with the medication. The injured worker is prescribed 70mg of methadone daily, which is a morphine equivalent dose of 840. The injured worker's morphine equivalent dose far exceeds the guideline recommendation of 120. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

LIDODERM 5% #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: The California MTUS guidelines indicate 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 documentation provided does not indicate that the injured worker has a diagnosis of localized peripheral neuropathy. The documentation provided also indicates that the injured worker is currently taking Lyrica. The chart note dated 5/28/14 stated that Lyrica helps with burning pain; however, there is a lack of documentation indicating that the injured worker has experienced significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.