MAXIMUS Federal Services

Case Number:	CM13-0026624		
Date Assigned:	12/11/2013	Date of Injury:	04/16/2002
Decision Date:	02/12/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, was Fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas. 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 physician 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 55-year-old female who reported an injury on 4/16/02. The patient is diagnosed with degenerative disc disease in the lumbar spine, lumbar radiculopathy, chronic pain, seizure disorder, anxiety disorder, depressive disorder, and myofascial pain syndrome. The patient was seen by [redacted] on 12/2/13. She reported dull, aching, throbbing, burning pain with numbness, electrical and shooting pain, and spasm. Physical examination revealed tenderness to palpation in the lumbar spine, tenderness along the facet joints, 110 degree flexion, 10 degree hyperextension, positive straight leg raising bilaterally, positive Faber testing on the right, motor weakness, and mildly antalgic gait. The patient also demonstrated normal strength in bilateral lower extremities with decreased sensation over the top of bilateral feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Lidoderm 5% patches, with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is indicated for neuropathic pain after a failure to respond to first-line therapy with tricyclic or SNRI antidepressants, or an anticonvulsant such as Gabapentin or Lyrica. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain with numbness and spasm. Satisfactory response to treatment has not been indicated. There is also no evidence of a failure to respond to oral antidepressants or anticonvulsants prior to the initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.

30 Amitriptyline HCL 25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state that antidepressants are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Amitriptyline is indicated for neuropathic pain. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain with numbness, burning, and spasm. Satisfactory response to treatment has not been indicated by an increase in function, decrease in pain level, changes in the use of other analgesic medication, improved sleep quality and duration, or psychological assessment. Based on the clinical information received, the request is non-certified.

30 Avinza 30mg XR24H: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, an increase in function, or improved

quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

30 Alprazolam 0.5mg with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines state that benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. As per the clinical notes submitted, the patient continues to report persistent pain with numbness and spasm, despite the ongoing use of this medication. As guidelines do not recommend chronic use of benzodiazepines, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.