

<b>Case Number:</b>	CM13-0040448		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/18/1998
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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:

This is a 46year old lady who suffered an industrial injury on July 18th 1998 by an undisclosed mechanism has been suffering from chronic cervicgia, headache which is cervicogenic, Radicular pain of both the upper extremities along with myofacial pain. She had multiple Cervical MRI performed including one on March 11th 2011. The report of the MRI documents disc bulges of 2mm at C4-C5 and C5-C6, finding of Syrxinx at the level of C4-C5 which is incidental along with degenerative disc disease. She had Electrodiagnostic studied done twice, the one on 10th July 2002 was normal but the second one on 28th July 2008 documents suprascapular neuropathy. Her last clinical examination of 23rd September 2013 documents painfully restricted movements of the cervical region. But, there was no evidence of any ongoing Acute Radiculopathy, Chronic Radiculopathy or neurological dysfunction. Current Medications: Percocet 10/325 mg. 1 tablet 4 times a day Dilaudid 8 mg. 2-3 tablets a day p.r.n. Soma 350 mg, 6 to 8 tablets daily Topamax 100 mg. b.i.d. Dendracin topical analgesic cream Lidoderm Patch 5% Remeron 50 mg. at bedtime Prescribed by [REDACTED]: Valium 10 mg. 1 tablet q.d. p.r.n. Soloft 100 mg. 3 times a day Xanax 2 mg, t.i.d., p.r.n. (0-1 a day, usually) Prazosin The Provider has discontinued Duragesic patches, Norco and Soboxone. Percocet has been prescribed again for its superior ability to relieve Chronic Pain and her breakthrough pain. This review is for medical necessity of Dilaudid 8 mg #90; Soma 350 mg #240; Lidoderm 5% #60.and Repeating cervical MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5%, #60: 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 Topical Analgesics-Lidoderm. Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Treatment-Topical Analgesics, Lidoderm patch.

**Decision rationale:** Lidoderm or lidocaine patches are approved by FDA only for Post Herpetic Neuralgia. When used for neuropathic pain, there should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) which is not documented in this patient. Also, Lidoderm patch is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. According to CA-MTUS (Effective July 18, 2009) page 112, section of Topical Analgesics-Lidoderm patch. Whose active ingredient is : Lidocaine Indication: Neuropathic pain 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). ODG-TWC-Pain Treatment-Topical Analgesics. Lidoderm Patch: The FDA has approved a lidocaine/tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013). Criteria for use of Lidoderm patches: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. (i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued.

**Magnetic resonance imaging (MRI) of the cervical: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck, upper back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back Chapter, magnetic resonance imaging (MRI).

**Decision rationale:** Indications for repeating cervical MRI are absent in the medical records submitted for review. Clinical examination of September 23, 2013 documents painful restricted cervical range of movements. There is no evidence of acute ongoing radiculopathy, chronic radiculopathy or any neurological dysfunction. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation), which this patient does not have. Therefore the request for repeat magnetic resonance imaging (MRI) of the cervical spine is not medically necessary based on the guideline below. CA-MTUS (Effective July 18, 2009) and ACOEM (2004) is mute on repeat MRI of the cervical spine. ODG-TWC\_Neck and Upper back Chapter: Magnetic resonance imaging (MRI) Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation).

**Dilaudid 8mg, #90:** 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 Guidelines (ODG) .

**Decision rationale:** There is neither a standard of practice or guidelines recommendation to prescribe two short-acting opioid preparations simultaneously. While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective in achieving the original goals of complete pain relief and functional restoration. Propensity for side effects significantly increases. Additionally, Percocet that has been re-prescribed was reported by the patient to be more effective in providing the pain relief, therefore the addition of Dilaudid is not medically necessary, and should be weaned off as soon as possible. In addition, CA-MTUS (Effective July 18, 2009) page 78 to 79 of 127, section on On-Going Management. Actions Should Include: Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. ODG-

TWC\_Pain Chapter: Opioids for Chronic pain: Not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Recommended as a 2nd or 3rd line treatment option at doses ≤ 120 mg daily oral morphine equivalent dose (MED) as indicated below. Risk-benefit of use should be carefully weighed for substance abuse and overdose risks, including risk of death, and this information should be provided to the patient as part of informed decision-making. Extreme caution is required for any opioid use in patients with the following: (1) Individuals with a high risk for misuse or diversion; (2) Individuals with evidence of substance abuse issues; (3) Individuals with a family history of substance abuse; (4) Individuals with underlying psychiatric disease. An accurate diagnosis should be established. At the minimum, screening for opioid risk and psychological distress inventories should occur before starting this class of drugs and a psychological evaluation is strongly recommended. Escalation of doses beyond 120 mg MED should be done with caution, and generally under the care of pain specialists. In certain cases, addiction specialists may need to evaluate patients, with the understanding that many patients who progress to chronic opioid therapy have underlying psychiatric disease and substance abuse issues. While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective in achieving the original goals of complete pain relief and functional restoration. For patients now on high opioid doses who are not benefiting from them, if taken off the medications many would experience severe

**Soma 350mg, #240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Carisoprodol (Soma).

**Decision rationale:** The injured worker does not have any evidence of acute myospasm or acute pain or break-through pain for which the use of Soma is indicated. Besides, Soma is not recommended for longer than a 2 to 3 week period. Therefore the request for Soma 350mg, #240 is not medically necessary. CA-MTUS (Effective July 18, 2009) page 65, section on Antispasmodics-Carisoprodol (Soma®, Soprodal 350mg, Vanadom®, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. ODG-TWC-Pain Chapter: Carisoprodol (Soma®):Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a Schedule-IV controlled substance). As of January 2012, carisoprodol is scheduled by the DEA as a Schedule IV medication. (DEA, 2012) It has been suggested that the main effect is due to generalized

sedation and treatment of anxiety. Weaning: There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Most treatment includes treatment for symptomatic complaints of withdrawal. Another option is to switch to phenobarbital to prevent withdrawal with subsequent tapering. A maximum dose of phenobarbital is 500 mg/day and the taper is 30 mg/day with a slower taper in an outpatient setting. Tapering should be individualized for each patient. (Boothby, 2003) For more information and references, see Muscle relaxants.