MAXIMUS Federal Services

Case Number:	CM13-0042512		
Date Assigned:	12/27/2013	Date of Injury:	03/03/2002
Decision Date:	05/23/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/21/2013

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 Occupational Medicine, 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 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 applicant is a 48 year old female represented [redacted]. employee who was reportedly injured on 03/03/02. The mechanism of injury was not noted. The claimant is noted to be status post lumbar disc replacement at L4-5 and L5-S1 and she has complaints of chronic low back pain and bilateral lower extremity neuropathic pain. In a letter from the treating provider, dated 10/24/13, he notes that with regards to the Lyrica 75mg, it was noted the request was modified to Lyrica 75mg twice daily, #60. The treating physician notes that this is correct. This is how the patient is utilizing the medication. With regards to the Pristiq 50mg, #30, [redacted] notes that the request was certified but the treating physician was asked to provide additional information regarding the patient's diagnosis and documentation supporting medical necessity of continuing the medication. He notes that the patient does suffer from neuropathic pain into both of her lower extremities. In addition, she is experiencing depression secondary to her chronic pain syndrome. He notes that the medication is being prescribed for neuropathic pain and also for her depression. The applicant has found this beneficial and he requests that she continue to receive Pristiq for her neuropathic pain as well as ongoing depression secondary to her chronic pain syndrome. With regards to the Norco 10/325, #30, he is appealing the modification that was recommended with the goal of weaning the medication. He notes that the applicant is currently utilizing Norco 10/325 two times a day for low back pain. The treating physician notes that he has documented in multiple reports a 30% to 40% improvement in pain as well as 40% improvement in function. The applicant notes significant improvement in her ability to participate in activities of daily living including light activities around the house including housekeeping and cooking as well as light stretching/exercise program. Without the medication, the applicant notes she is often confined to bed or chair and unable to participate in the activities as fully. The applicant notes significant improvement in pain and in function and

she has no intolerable side effects from the medication. The treating physician further notes that urine drug screening has been performed which shows evidence of compliance, however there are no new urine drug screen reports submitted for review. He states there is no evidence of illicit drug use. Therefore, he is requesting authorization for the patient to continue Norco 10/325mg up to 2 per day for moderate to severe breakthrough pain, #60. He notes this is consistent with the MTUS guidelines, page 60 for continuation of opioids. With regards to Prilosec 20mg, #30, the request was modified to Prilosec 20mg, #30 stating that the request had not specified the dosage of medication. The treating physician clarifies that the applicant is experiencing symptoms of dyspepsia and gastroesophageal reflux disease with her use of medications. The patient also has a previous history of peptic ulcer disease, and is currently taking Aspirin and Plavix. She is having GI side effects from continued use of analgesic medication. Therefore, she is currently using her Prilosec 20mg twice daily (bid) and the treating physician is specifically requesting a quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF DENDRACIN CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 111-113.

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

Decision rationale: The request for the Dendracin cream that contains 30% methyl salicylate, menthol and Benzocaine is not recommended as medically necessary. Benzocaine is not indicated for chronic pain as per the package insert. The FDA notes that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of a compounded topical medication be approved for transdermal use. The MTUS Chronic Pain Guidelines note that "any compounded product that contains at least one drug or drug class that is not recommended is not recommended." This compound contains Benzocaine which is comparable to Lidocaine and Lidocaine would not be recommended due to the absence of documentation of failure of first-line therapy. Since Dendracin is not indicated for chronic pain and Benzocaine is not recommended, the Dendracin cream cannot be supported as medically necessary and appropriate.

PRESCRIPTION OF LIDODERM PATCHES: Upheld

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

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

Decision rationale: As per the MTUS Chronic Pain Guidelines, topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a tri-cyclic or SNRI antidepressant, or an AED such as Gabapentin or Lyrica. In this case, the applicant is using both Pristiq (SNRI) and Lyrica with apparent improvement in symptoms. There is no documentation that applicant has failed an initial trial of first-line therapy. Therefore, use of Lidoderm patches cannot be supported as medically necessary and appropriate.

PRESCRIPTION OF LYRICA 75MG (UNSPECIFIED DOSAGE): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: According to the treating provider's letter of 10/24/13, the applicant is taking the medication twice daily and has been getting benefit from this medication. Therefore, the request for Lyrica 75 mg twice daily (bid) #60 is recommended as medically reasonable and necessary.

PRESCRIPTION OF NORCO 10/325MG (UNSPECIFIED DOSAGE): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: In his letter of 10/24/13, the treating provider noted that the applicant has documented improvement of 30-40% in pain as well as 40% improvement in function. 2 of the 3 criteria set forth on page 80 of the MTUS Chronic Pain Guidelines for continuation of opioid therapy have been met, namely improvement in pain and function. Therefore, the request is medically necessary

PRESCRIPTION OF PRILOSEC 20MG (UNSPECIFIED DOSAGE): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: In the letter submitted by the treating provider dated 10/24/13, it is clarified that the applicant is taking the Prilosec twice daily for dyspepsia and gastroesophageal (GERD) reflux disease related to the use of her medications. She also has a previous history of peptic ulcer disease, and is currently utilizing aspirin and Plavix. She is having GI side effects from

continued use of her analgesics and requires the medication to be used twice daily. Based on the additional information submitted, the request for Prilosec 20 mg is recommended as medically reasonable and necessary.

PRESCRIPTION OF PRISTIQ 50MG (UNSPECIFIED DOSAGE): Overturned

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

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

Decision rationale: The treating provider documents that the Pristiq 50 mg is being utilized for the applicant's neuropathic pain of her lower extremities. It is also being used to treat her depression which is reported to be secondary to her chronic pain syndrome. She has reportedly benefitted from this medication. The MTUS Chronic Pain Guidelines notes that antidepressants are recommended as a first line option for neuropathic pain and also for depression. Based on the additional information submitted, the request for Pristiq 50 mg is recommended as medically reasonable and necessary.