

Case Number:	CM13-0042943		
Date Assigned:	03/28/2014	Date of Injury:	09/08/2003
Decision Date:	05/23/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/21/2013

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 Occupational Medicine, 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:

The patient is a 51 year old male who was injured on 09/08/2003 with unknown mechanism of injury. Treatment history included physical therapy, chiropractic, steroid injections, and various medications including Flexeril, Pamelor, Terocin cream, Norco, Motrin, Valium, Vicodin, Robaxin, sertraline, indomethacin, nortriptyline. The patient underwent microlumbar decompressive surgery at L3-L4, L4-L5, and L5-S1 on 10/20/2005 and microlumbar decompressive surgery at L4-L5 and L5-S1 on 05/27/2010. Progress note dated 09/26/2013 documented the patient to have complaints of persistent neck and back pain, which he currently rates at 9/10 on pain scale. Objective findings on exam include gait was mildly antalgic. Spine with range of motion of the cervical, thoracic, and lumbar spines were decreased in all planes. There was positive facet loading at right C4-C5, C5-C6, C6-C7. Sensation was decreased at C5, C6, C7, and C8 dermatomes on the left. There was decreased sensation in the right L3, L4, L5, and S1 dermatomes. There was a 4+/5 strength in the bilateral upper and lower extremities. The patient was diagnosed with facet arthropathy right C4-C5, C5-C6, C6-C7, lumbar radiculopathy, lumbar stenosis, degenerative disc disease of the cervical spine, cervical stenosis, cervical radiculopathy, chronic pain syndrome, and degenerative disc disease. Treatment plan was cyclobenzaprine 7.5 mg #120, nortriptyline HCL 25 mg #60, and Lido Pro topical ointment #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LIDO PRO TOPICAL OINTMENT #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, LIDOCAINE.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics antidepressants, glutamate receptor antagonists, $\hat{1}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, $\hat{1}^3$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. LidoPro contains menthol of which there is no recommendation for use. Therefore, this medication is not recommended according to the treatment guidelines.

PRESCRIPTION OF NORTRIPTYLINE HCL 25MG, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 15.

Decision rationale: Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Negative results were found for spinal cord pain and phantom-limb pain, but this may have been due to study design. Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. One review reported the NNT (number needed to treat) for at least moderate neuropathic pain relief with tricyclics is

3.6 (3-4.5), with the NNT for amitriptyline being 3.1 (2.5-4.2). The NNT for venlafaxine, calculated using 3 studies, was reported to be 3.1 (2.2-5.1). Another review reported that the NNT for 50% improvement in neuropathic pain was 2 to 3 for tricyclic antidepressants, 4 for venlafaxine, and 7 for SSRIs. The employee is on another antidepressant, sertraline, which has recently been adjusted due to poor pain control. I would not make two adjustments at the same time. Therefore, in my opinion, this is medically warranted.