

Case Number:	CM13-0054843		
Date Assigned:	12/30/2013	Date of Injury:	08/28/1997
Decision Date:	03/17/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/19/2013

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 Family Practice and is licensed to practice in Arizona. 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 60 year old female with a date of injury on 08/28/1997. The patient has been treated for ongoing symptoms in her left leg. Diagnoses include chronic pain NEC (not elsewhere classified), osteoarthritis left leg, arthropathy NOS (not otherwise specified), joint pain left leg, and difficulty walking. Medications include buprenorphine and Lidoderm patches. Subjective complaints include low back and bilateral leg pain. Pain is 2/10 and has significant improvement in ability to manage her symptoms with her current medication regimen. Physical exam shows an antalgic gait, with decreased range of motion in lumbar spine and bilateral lower extremities, with intact strength in the lower extremities. Clinical encounters specifically note that patient tolerates medication without difficulty; there have been no side effects, or inappropriate use. Patient has worsening function without the medication, and is being appropriately monitored.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subutex sublingual tab 2mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: CA MTUS and the ODG recommend buprenorphine for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. Studies have shown that buprenorphine is more effective than placebo and is equally as effective as moderate doses of methadone in opioid maintenance therapy. The patient in question has been on chronic opioid therapy with buprenorphine. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, clear documentation shows stability on medication, increased functional ability, and no adverse side effects. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

Lidoderm patch 5% #90: Upheld

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

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

Decision rationale: CA MTUS suggests that topical lidocaine in the form of Lidoderm may be recommended for localized peripheral pain of neuropathic origin. It is not indicated for non-neuropathic pain. 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. For this patient all submitted documentation was reviewed in detail. There is no indication of post-herpetic neuralgia, or even an indication for what diagnosis and anatomical area the Lidoderm patch was being placed. Therefore, due to the lack of supportive diagnoses and medical documentation identifying the intended use, the medical necessity of a Lidoderm patch is not established.