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| Case Number: | CM14-0000451 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 07/10/2004 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 12/05/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

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 Anesthesiology Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 65-year-old male who reported an injury on 07/10/2004. The mechanism of injury was the injured worker was lifting drywall and placing them into an elevator when he lost his balance. The injured worker tried to break his fall while holding on to the drywall causing him to twist his low back to the left. The medication history included Neurontin, Prilosec, and Lidoderm as well Xanax in 2010. Documentation of 11/19/2013 revealed the injured worker was in moderate distress per the physician documentation. The diagnoses included other chronic pain, degenerative lumb/lumbosacral intervertebral disc, lumbago, sciatica, thor/lumbosacral neuritis/radiculitis UNS. The treatment plan included a refill of Neurontin, Lidoderm patches, and Ultram ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PRESCRIPTION OF NEURONTIN: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend antiepileptic medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective improvement in function. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 2 years. There was a lack of documentation of the objective functional benefit and objective decrease in pain. The request as submitted failed to indicate the frequency, quantity, and strength for the medication. Given the above, the request for unknown prescription of Neurontin is not medically necessary.

UNKNOWN PRESCRIPTION OF LIDOCAINE PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be 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). 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. The injured worker was noted to be utilizing the medication since 2010. The clinical documentation submitted for review failed to provide documentation of the objective functional benefit received from the medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as it submitted failed to indicate the frequency, quantity, and strength for the requested medication. Given the above, the request for unknown prescription of Lidocaine patches is not medically necessary.

UNKNOWN PRESCRIPTION FOR ULTRAM ER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, opioid dosing Page(s): 60,78,86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The medication was noted to be a refill. However, the duration of use could not be established through supplied documentation. The request as submitted failed to indicate the quantity, frequency, and strength for the medication. Given the above, the request for unknown prescription for Ultram ER is not medically necessary.

