

Case Number:	CM14-0100134		
Date Assigned:	09/23/2014	Date of Injury:	08/19/2013
Decision Date:	12/08/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/30/2014

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, has a subspecialty in Pain Management 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 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:

According to the records made available for review, this is a 50-year-old female with a 8/19/13 date of injury. At the time (6/25/14) of request for authorization for Depakote 125mg #60 and Lidoderm 5% patches #30, there is documentation of subjective (back pain, photophobia, circumferential headaches) and objective (depressed and episodes of stuttering) findings, current diagnoses (post traumatic headaches, visual defects, photophobia, sleep-wake cycle abnormalities, cognitive behavioral deficits, chronic myofascial musculoligamentous sprain/strain in the cervical, thoracic, lumbar and hip region, depressed mood with anxiety), and treatment to date (physical therapy, activity modification and medications (including Zanaflex, Cymbalta, Neurontin, and Lidoderm patches (since at least 2/14)). Regarding the requested Depakote 125mg #60, there is no documentation of neuropathic pain and/or panic episodes associated with bipolar disorder, complex partial seizures that occur either in isolation or in association with other types of seizures, and prophylaxis of migraine headaches. Regarding the requested Lidoderm 5% patches #30, there is no documentation of neuropathic pain and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm 5% patches use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depakote 125mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 16-17. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/depakote.html>

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain (pain due to nerve damage) as criteria necessary to support the medical necessity of anti-epilepsy drugs (AEDs). In addition, MTUS identifies that after initiation of treatment with AEDs there should be documentation of pain relief (a "good" response defined as a 50% reduction in pain and a "moderate" response as a 30% reduction) and improvement in function as well as documentation of side effects incurred with use. Medical Treatment Guidelines identify documentation of manic episodes associated with bipolar disorder, complex partial seizures that occur either in isolation or in association with other types of seizures, and prophylaxis of migraine headaches, as criteria necessary to support the medical necessity of Depakote. Within the medical information available for review, there is documentation of diagnoses of post traumatic headaches, visual defects, discoordination, photophobia, sleep-wake cycle abnormalities, cognitive behavioral deficits, chronic myofascial musculoligamentous sprain/strain in the cervical, thoracic, lumbar and hip region, depressed mood with anxiety. However, there is no documentation of neuropathic pain and/or panic episodes associated with bipolar disorder, complex partial seizures that occur either in isolation or in association with other types of seizures, and prophylaxis of migraine headaches. Therefore, based on guidelines and a review of the evidence, the request for Depakote 125mg #60 is not medically necessary.

Lidoderm 5% patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a Lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of post traumatic headaches, visual defects, discoordination, photophobia, sleep-wake cycle abnormalities, cognitive behavioral deficits, chronic myofascial musculoligamentous sprain/strain in the cervical, thoracic, lumbar

and hip region, depressed mood with anxiety. In addition, there is documentation of trial of first-line therapy (anti-depressants and Gabapentin). However, there is no documentation of neuropathic pain. In addition, given medical records reflecting prescription for Lidoderm 5% patches since at least 2/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm 5% patches use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm 5% patches #30 is not medically necessary.