

Case Number:	CM14-0104112		
Date Assigned:	09/16/2014	Date of Injury:	04/11/2013
Decision Date:	10/15/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine & Rehabilitation 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 31-year-old male with a 4/11/13 date of injury. At the time (5/27/14) of request for authorization for Venlafaxine HCL ER 37.5mg #60, Lidoderm 5% patch (700mg/patch) #60, and Butrans 5 mcg/hr. patch #4, there is documentation of subjective (chronic moderate to severe low back pain radiating into the lower extremities with numbness and tingling; muscle spasms in the shoulders, back and legs; neck pain radiating to the bilateral upper extremities and into the hands with numbness and tingling; anxiety with panic attacks and symptoms of depression with suicidal ideation but no intent or plan) and objective (flat affect and depression) findings, current diagnoses (cervicalgia, depressive disorder, disorders of the sacrum, pain related to psychological factors, pain in thoracic spine, sciatica, and tension headache), and treatment to date (ongoing therapy with Lidoderm patch with decreased pain levels; and ongoing therapy with Butrans patch with improved functioning). Medical report identifies a request for a trial of Venlafaxine due to failure of therapy with Cymbalta and Prozac. Regarding Lidoderm 5% patch (700mg/patch) #60, there is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed; 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 the specific use of Lidoderm patch. Regarding Butrans 5 mcg/hr. patch #4, there is no documentation of detoxification with a history of opiate addiction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine HCL ER 37.5mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressant - Venlafaxine (Effexor (r)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 16; 123.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of anxiety, depression, panic disorder, social phobias, or neuropathic pain, as criteria necessary to support the medical necessity of Venlafaxine. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, depressive disorder, disorders of the sacrum, pain related to psychological factors, pain in thoracic spine, sciatica, and tension headache. In addition, there is documentation of a request for a trial of Venlafaxine. Furthermore, there is documentation of anxiety, depression, panic disorder, and neuropathic pain. Therefore, based on guidelines and a review of the evidence, the request for Venlafaxine HCL ER 37.5mg #60 is medically necessary.

Lidoderm 5% patch (700mg/patch) #60: Upheld

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

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 cervicalgia, depressive disorder, disorders of the sacrum, pain related to psychological factors, pain in thoracic spine, sciatica, and tension headache. In addition, there is documentation of neuropathic pain. However, despite documentation of failure of therapy with Cymbalta and Prozac, and given documentation of an associated request for a trial of Venlafaxine, there is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. In addition, despite documentation of decreased pain levels with ongoing Lidoderm patch therapy, there is no (clear) 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 the specific use of Lidoderm patch. Therefore, based on guidelines and

a review of the evidence, the request for Lidoderm 5% patch (700mg/patch) #60 is not medically necessary.

Butrans 5 mcg/hr patch #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27. 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 opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. 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 cervicalgia, depressive disorder, disorders of the sacrum, pain related to psychological factors, pain in thoracic spine, sciatica, and tension headache. In addition, there is documentation of chronic pain. Furthermore, given documentation of ongoing treatment with Butrans patch with improved functioning, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Butrans patch. However, despite documentation of chronic pain, there is no documentation of detoxification with a history of opiate addiction. Therefore, based on guidelines and a review of the evidence, the request for Butrans 5 mcg/hr. patch #4 is not medically necessary.