

Case Number:	CM14-0129221		
Date Assigned:	08/18/2014	Date of Injury:	08/07/2010
Decision Date:	10/01/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/13/2014

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 Internal Medicine & Emergency 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:

This patient is a 43 year-old with a date of injury of 08/07/10. A progress report associated with the request for services, dated 06/18/14, identified subjective complaints of right ankle and left knee pain. Objective findings included moderate tenderness of the right knee as well as hyperalgesia of that area. A pain level of 6/10 was noted and activity level of 2/5 on medication. Diagnoses included sprain of the right ankle and left knee; right knee pain; complex regional pain syndrome of the right leg. Treatment had included NSAIDs, and anti-seizure agent, and oral and topical analgesics. She has also had a sympathetic block. A Utilization Review determination was rendered on 07/25/14 recommending non-certification of "Gabapentin 300mg #60; Lidoderm patch 5% (12 hours on and 12 hours off); Ultram 50mg #60; Cymbalta 30mg #30; and Ibuprofen 800mg #60".

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21,49.

Decision rationale: Gabapentin is an anti-seizure agent. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines note that this class of agents is recommended for neuropathic pain, but there are few randomized trials directed at central pain and none for painful radiculopathy. Further, it states: "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." The Guidelines also state that the role for gabapentin is for: "...treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered first-line treatment for neuropathic pain." No recommendations are made for specific musculoskeletal etiologies. The non-certification appeared to be reversed after peer-to-peer discussion. There is documentation for a neuropathic component to the pain. There is some documentation of functional improvement from the gabapentin. Therefore, the record does document the medical necessity for gabapentin in this case.

Lidoderm patch 5% (12 hours on and 12 hours off): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Lidoderm

Decision rationale: Lidoderm (lidocaine patch) is a topical anesthetic. The Medical Treatment Utilization Schedule (MTUS) states: "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." The Official Disability Guidelines (ODG) also state that Lidoderm is not recommended until after a trial of first-line therapy. The following criteria are listed for use: -Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology; -There should be evidence of a trial of first-line neuropathy medications (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica); -This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger joints; -An attempt to determine a neuropathic component of pain should be made; -The area for treatment should be designated as well as number of planned patches and duration of use (number of hours per day); -A trial of patch treatment is recommended for a short-term period; -Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. The non-certification was based upon the lack of need for concurrent therapy with two other drugs for neuropathic pain. However, nothing precludes combination therapy for the disorder and the above criteria have been met. Therefore, the record does document the medical necessity for Lidoderm patches.

Ultram 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids Page(s): 74-96; 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, specific drug list: Tramadol

Decision rationale: Ultram consists of tramadol, a centrally acting synthetic opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Also, Tramadol is not recommended as a first-line analgesic. In this case, the documentation submitted lacked a number of the elements listed above, including the pain parameters, as well as the level of functional improvement or necessity of therapy beyond 16 weeks due to specific functional improvement; likewise, that other first-line oral analgesics have been tried and failed. Therefore, the record does not document the medical necessity for Ultram.

Cymbalta 30mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Serotonin-norepinephrine reuptake inhibitor and antidepressant (SN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain; Cymbalta; SNRIs Page(s): 13-16; 42; 105.

Decision rationale: Cymbalta (duloxetine) is an SNRI class antidepressant. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines note that some antidepressants are: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain (Feuerstein, 1977) (Perrot, 2006)." The tricyclic agents are generally considered first-line unless they are ineffective, poorly tolerated or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesics, sleep quality and duration as well as a psychological assessment. For neuropathic pain, tricyclics agents are recommended as first-line. Recent reviews also list tricyclics and SNRIs (duloxetine and venlafaxine) as first-line options. Antidepressants are listed as an option in depressed patients with non-neuropathic pain, but effectiveness is limited. The Guidelines note that non-neuropathic pain is generally treated with analgesics and anti-inflammatories. The non-certification appeared to be reversed after a peer-to-peer discussion. In this case, there is documented neuropathic pain and therefore the record does document the medical necessity for Cymbalta.

Ibuprofen 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Ibuprofen is a non-steroidal anti-inflammatory agent (NSAID). NSAIDs have been recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. Again, no one NSAID was superior to another. There is inconsistent evidence for the long-term treatment of neuropathic pain with NSAIDs. Precautions should be taken due to side effects. Since NSAIDs are recommended for the shortest period possible and there is inconsistent evidence for its long-term benefit in neuropathic pain, there must be documented evidence of functional improvement to extend therapy beyond that. In this case, there is no documentation of the functional improvement related to ibuprofen and therefore no medical necessity.