

Case Number:	CM14-0156280		
Date Assigned:	09/25/2014	Date of Injury:	06/17/2003
Decision Date:	10/27/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/24/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 65 year old male with complaints of low back pain, mid back pain, and neck pain. The date of injury is 6/17/03 and the mechanism of injury is pulling/stretching injury when he started to fall off a tower 8 feet high and managed to grab onto a rope which stopped him from falling but caused avulsion of 2 costovertebral joints and his current symptoms. At the time of request for the following; Lidoderm patch 5%#30 with 2 refills, Voltaren gel 1% with 2 refills, Lyrica 100mg #90, Urine toxicology screen 12 panel (retrospective), Percocet 10/325 #30, there is subjective (low back pain, neck pain, mid back pain) and objective (facet tenderness right thoracic at T10-11-12, lumbar spine tenderness restricted range of motion) findings, imaging findings (12/18/12 MRI lumbar spine facet arthropathy L4-5,L5-S1, 4/4/11 MRI thoracic spine anterior osteophytes in mid/lower thoracic spine, 1/19/10 MRI cervical spine shows C5-6,C6-7 osteophytes at C6-7, left C7-T1 facet hypertrophy), diagnoses (Chronic pain syndrome, lumbar/thoracic/cervical spondylosis without myelopathy, displacement cervical disc without myelopathy) and treatment to date (radiofrequency rhizotomy, medications, physical therapy). Lidoderm is a topical analgesic patch that is FDA approved for the treatment of pain secondary to post herpetic neuralgia. It is used off label for the treatment of general neuropathic pain especially after there is documentation of failure of first line treatment of neuropathic pain ie antiepilepsy drugs. Voltaren gel 1% is topical analgesic NSAID which is indicated for osteoarthritis of the hand, wrists, ankles, feet, and knees. Voltaren gel, which is Diclofenac, is not a first line NSAID and most recently studies have shown a higher incidence of cardiac and cerebrovascular events and should be used with caution keeping in mind a history of cardiac disease. AEDs or antiepilepsy drugs may be beneficial for the indication and treatment of neuropathic pain. Lyrica, which is pregabalin, is indicated to treat fibromyalgia pain, diabetic neuropathy pain, pain due to spinal

cord injuries, and PHN (Post Herpetic Neuralgia). It is also used to treat partial onset seizures for adults with epilepsy who are on one or more epilepsy drugs. Urine Toxicology drug testing is an important part of safe prescribing of opioid analgesics and may be performed 2-3 times per year on a random basis as well as an initial screen prior to initiating an opioid prescription. Also, a screen may be indiscriminately performed at any time the medical provider suspects drug misuse or diversion. The use of opioid analgesics are recommended for the treatment of severe pain especially combined with other modalities in order to achieve optimal analgesia, improve quality of life, and restore function. Strongly recommended is to establish a patient-physician medication agreement which should be signed and kept on file. Random urine drug testing is also good practice for safe prescribing of opioids. Documentation of adverse effects, aberrant behavior/drug misuse and functional improvement/analgesic response is mandatory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment guidelines, Lidoderm is a topical analgesic patch that is FDA approved for the treatment of pain secondary to post herpetic neuralgia. It is used off label for the treatment of general neuropathic pain especially after there is documentation of failure of first line treatment of neuropathic pain i.e. antiepilepsy drugs. As the diagnoses do not support the indication for Lidoderm, the request for Lidoderm Patch 5% #30 with 2 refills is not medically necessary and appropriate.

Voltaren Gel 1% (Unspecified) with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Topical Analgesics

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines and ODG treatment decisions, Voltaren gel 1% is topical analgesic NSAID which is indicated for osteoarthritis of the hand, wrists, ankles, feet, and knees. Voltaren gel, which is Diclofenac, is not a first line NSAID and most recently studies have shown a higher incidence of cardiac and cerebrovascular events and should be used with caution keeping in mind a history of cardiac disease. As there is no documentation for a failure of more first line NSAID therapy i.e. ibuprofen/naproxen, the request for Voltaren gel 1% with 2 refills is not medically necessary.

Lyrica 100mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs Page(s): 16-18.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, AEDs or antiepilepsy drugs may be beneficial for the indication and treatment of neuropathic pain. Lyrica, which is pregabalin, is indicated to treat fibromyalgia pain, diabetic neuropathy pain, pain due to spinal cord injuries, and PHN (Post Herpetic Neuralgia). It is also used to treat partial onset seizures for adults with epilepsy who are on one or more epilepsy drugs. As there is no documentation that supports any indication for Lyrica, the request for Lyrica 100mg #90 is not medically necessary and appropriate.

Twelve (12) panel Urine Toxicology Screen (Retrospective): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Urine Drug Testing

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines and ODG, Urine Toxicology drug testing is an important part of safe prescribing of opioid analgesics and may be performed 2-3 times per year on a random basis as well as an initial screen prior to initiating an opioid prescription. Also, a screen may be indiscriminately performed at any time the medical provider suspect's drug misuse or diversion. Therefore, the request for 12 panel urine toxicology screen is medically necessary.

Percocet 10/325 #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, the use of opioid analgesics are recommended for the treatment of severe pain especially combined with other modalities in order to achieve optimal analgesia, improve quality of life, and restore function. Strongly recommended is to establish a patient-physician medication agreement which should be signed and kept on file. Random urine drug testing is also good practice for safe prescribing of

opioids. Documentation of adverse effects, aberrant behavior/drug misuse and functional improvement/analgesic response is mandatory. As these criteria have been met, the request for Percocet 10/325 #120 is medically necessary.