

Case Number:	CM14-0161189		
Date Assigned:	10/06/2014	Date of Injury:	10/03/2008
Decision Date:	11/21/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

The injured worker is a 48 year-old female with a date of injury of October 3, 2008. The patient's industrially related diagnoses include displacement of inter vertebra disc without myelopathy, thoracic/lumbar radiculitis, and depression. The medical records were reviewed. The disputed issues are prescriptions for Oxycodone/Acetaminophen 10mg #90, Soma 350mg #60, Lamictal 25mg #60 and Lidoderm Patches 5% #30. A utilization review determination on 9/18/2014 had non-certified these requests. The stated rationale for the denial of Lidoderm patches was: "The documentation does not clearly establish neuropathic pain in this patient and does not establish failure of first-line treatments." The stated rationale for the denial of Oxycodone/APAP was: "The requested treatment is for long-term opioid therapy and does not meet guideline criteria as the patient has not been evaluated functionally for improvement secondary to opioids, has not had documented surveillance for aberrant drug taking behaviors and does not have evaluation for pain control and adverse effects from the medication." Soma was denied because it is not recommended on a long-term basis under the current guidelines. Lastly the stated rationale for the denial of Lamictal was: "The patient does have evidence of radiculitis by the provider's diagnosis but information regarding prior failed therapies has not been provided. In cases of psychiatric condition, this medication would not be recommended for abrupt discontinuation to avoid psychiatric decompensation."

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-Acetaminophen 10mg Q8 Hours #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 Opioids Page(s): 75-80.

Decision rationale: Oxycodone/Acetaminophen 10/325mg (Percocet) is an opioid recommended for moderate to severe pain. In regard to the use of Oxycodone/APAP, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Guidelines go on to recommend discontinuing opioids if there is no documentation of improvement in function and pain. In the progress reports available for review, the treating physician did not adequately address the four domains for ongoing management with opioids as recommended in the guidelines. In a progress report dated 5/6/2014, the treating physician documented that the current regimen of pain medication was effective in controlling symptoms and that the injured worker could not move without it. However, there was no documentation to support that Oxycodone/APAP provided pain relief in terms of percent pain reduction or reduction in numeric rating scale and there were no specific examples of functional improvement. Furthermore, there was no discussion regarding possible aberrant drug-related behavior such as a signed opioid agreement, urine drug testing, and review of CURES reports to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation, medical necessity for Oxycodone/APAP 10/325mg #90 cannot be established at this time. Although Oxycodone/APAP is not medically necessary at this time, since it is an opioid, it should not be abruptly halted and the requesting provider should start a weaning schedule as he or she sees fit.

Soma 350mg BID PRN #60: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Specifically regarding Soma (Carisoprodol), the guidelines state: "It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety." Soma is metabolized into Meprobamate, which is an anxiolytic. Guidelines go on to state that Soma specifically is not recommended for

more than 2 to 3 weeks. In the submitted documentation, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines, since the injured worker has been prescribed Soma 350mg since at least 6/25/2014. Furthermore, there is no documentation of a specific analgesic benefit or objective functional improvement as a result of the Soma. Based on the guidelines, the request for Soma 350mg is not medical necessity. Although Soma is not medically necessary, since withdrawal symptoms may occur with abrupt discontinuation, it should not be abruptly halted and the requesting provider should start a weaning schedule as he or she sees fit.

Lamictal 25mg 1 tab #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17, 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 16-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lamotrigine; Other Medical Treatment Guideline or Medical Evidence: PDR Lamictal

Decision rationale: Lamictal (Lamotrigine) is an anticonvulsant drug that is FDA approved in the treatment of epilepsy and bipolar disorder. It is used off-label as an adjunct in the management of depression and for neuropathic pain. The Chronic Pain Medical Treatment Guidelines state that after initiation of treatment with an anti-epileptic drug, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Specifically regarding Lamictal, the Official Disability Guidelines state that it has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central post-stroke pain but it has not been shown to be effective for diabetic neuropathy. Due to side-effects and slow titration period, Lamictal is not generally recommended as a first-line treatment for neuropathic pain. Furthermore, a recent Cochrane review determined that although there is some evidence that Lamictal may be effective for HIV neuropathy and post-stroke pain, this drug does not have a significant place in therapy at present. This was partly due to the availability of more effect treatments including other AEDs and antidepressants. The guidelines are silent regarding the use of Lamictal for the diagnosis of depression. Therefore the Physician Desk Reference was used for further insight on this medication. In the submitted documentation, the treating physician documented that Gabapentin was started on 12/16/2013, but the injured worker has not had a good response to it. Lamictal was started in 2013 for the diagnosis of depression and the treating physician documented that other antidepressant medications previously tried were not helpful. The injured worker reported on a progress report dated 4/18/2014 that the medication was helping her cope and that her depression was better, however the treating physician documented multiple objective psychological findings and increased the dose. On the increased dose in a progress report dated 8/13/2014, the injured worker stated she felt more emotionally stable. Based on the documentation, the injured worker has failed a first-line treatment options for neuropathic pain and depression and Lamictal 25mg #60 is medically necessary at this time.

Lidoderm 5 percent 100mg/Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Lidoderm

Decision rationale: In regard to the request for Lidoderm Patches, the Chronic Pain Medical Treatment Guidelines recommend the use of topical Lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. In the criteria for use of Lidoderm patches, the Official Disability Guidelines recommend a trial if there is evidence of localized pain that is consistent with a neuropathic etiology and the area for treatment should be designated. Improvements in pain and function should be documented along with decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. In the documentation submitted for review, there is no indication that the injured worker has failed first-line therapy recommendations. She is currently prescribed Gabapentin for her chronic pain. Furthermore, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. Based on the lack of documentation, medical necessity cannot be established for the Lidoderm patches.