

Case Number:	CM14-0174830		
Date Assigned:	10/28/2014	Date of Injury:	09/08/2006
Decision Date:	12/04/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/22/2014

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 Geriatrics and is licensed to practice in New York. 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 56 year old woman with a date of injury of 9/8/06. She was seen by her provider on 8/28/14 with complaints of neck and low back pain. She stated her medications reduced her pain from 7 to 3 out of 10. She denied side effects and noted increased pain and that her medications were less effective. These included Norco, Xanax, methadone, senokot-s, zanaflex, augmentin, Flonase, pantoprazole and ranitidine. Her exam showed a wide based gait. Her cervical spine range of motion was restricted with flexion to 40 degrees and extension to 30 degrees - limited by pain. Spurling's maneuver did not produce pain or radiation of symptoms. Her lumbar spine range of motion was restricted by pain with positive facet loading on both sides but negative straight leg raises. She had a tender left hip trochanter. Motor strength testing was limited by pain but was 5-/5 with normal tone and normal sensation in her lower extremities. Her diagnoses were thoracic pain, cervical pain and spondylosis, spinal/lumbar DDD and spasm of muscle. At issue in this review is the request for an increased dose of methadone at 10mg and a Lidoderm patch. Length of prior therapy is not documented for either methadone (former dose 5mg) or Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56, 57, 112.

Decision rationale: Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. This injured worker has chronic cervical and lumbar spine pain. She receives multiple medications for this pain including opioid analgesics. Lidoderm is FDA approved only for post-herpetic neuralgia. The medical records do not support medical necessity for the prescription of Lidoderm patch in this injured worker.

Methadone Hcl 10 mg #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 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic cervical and lumbar spine pain. She receives multiple medications for this pain including opioid analgesics. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 8/14 documents increased pain but does not document efficacy or functional status or a discussion of side effects to justify ongoing use and a dose increase from 5mg to 10mg. The medical necessity of Methadone Hcl 10mg is not substantiated in the records.