

Case Number:	CM14-0176873		
Date Assigned:	10/30/2014	Date of Injury:	10/25/2012
Decision Date:	12/05/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/24/2014

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 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:

The injured worker is a 47-year-old male who reported an injury on 10/25/2012. The mechanism of injury was not provided. On 10/16/2014, the injured worker presented with neck pain and lower back ache. Current medications included Duexis, Lidoderm patches, Flexeril, Vicodin, Skelaxin, Lyrica, Ambien, AndroGel, Aspirin, Neurontin, Triamterene, Xanax, and Metoprolol Hydrochlorothiazide. On examination of the cervical spine, there was restricted range of motion and tenderness noted at the rhomboids and trapezius. The lumbar spine range of motion was restricted, and the injured worker cannot walk on a heel or toes. The diagnoses were lumbar radiculopathy, spinal/lumbar degenerative disc disease, low back pain, and mood disorder. The provider recommended Lidoderm patches, Skelaxin, Vicodin, and Duexis. There was no rationale provided. Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches 700 mg/patch, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm - Lidocaine patch Page(s): 56-57.

Decision rationale: The request for a Lidoderm 5% patch 700 mg patch with a quantity of 30 is not medically necessary. The California MTUS Guidelines state that topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy to include tricyclic or SNRI antidepressant or an anti-epilepsy drug such as Gabapentin or Lyrica. This is not a first line treatment and is only FDA approved for a postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The injured worker does not have a diagnosis congruent with the guideline recommendation for Lidoderm patch. Additionally, there is no evidence of a failed trial of first line therapy noted. There is no information on treatment history or length of time the patient has been prescribed Lidoderm patches. The efficacy of the prior treatments was also not submitted. The provider's request does not indicate the frequency of the medication. Therefore, this request is not medically necessary.

Skelaxin 800 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin (Metaxalone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63.

Decision rationale: The request for Skelaxin 800 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. Additional benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. There is no information on the efficacy of the prior use of the medication or the length of time that the injured worker has been prescribed Skelaxin. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. Therefore, this request is not medically necessary.

Vicodin 5/300 mg, QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Vicodin 5/300 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend the use of opiates for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident.

There is lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risk aberrant drug abuse behavior and side effects. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. Therefore, this request is not medically necessary.

Duexis 800 mg/26.6 mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for Duexis 800 mg/26.6 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines state that NSAIDs are associated with risk of cardiovascular events including MI, Sjogren's, and worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for NSAIDs for the shortest duration of time consistent with the individual treatment goals. There is lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of the medication. Additionally, there is no information on treatment history and length of time the injured worker has been prescribed Duexis. The provider does not indicate the frequency of the medication in the request as submitted. Therefore, this request is not medically necessary.