

Case Number:	CM14-0025548		
Date Assigned:	06/13/2014	Date of Injury:	06/19/2001
Decision Date:	08/04/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 Physician 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 claimant has a history of a work injury occurring on 06/19/01 when he slipped and fell while carrying strawberries. He has not returned to work since. He is being treated for ongoing low back and left lower extremity pain. Treatments referenced include injections, physical therapy, chiropractic care, and he had been considered for spinal surgery. He was seen by the requesting provider on 02/28/14. Medications are listed as gabapentin 300 mg three times per day, Ativan 0.5 mg two times per day, Lidoderm used for 12 hours per day, and hydrocodone 10/325 mg up to four times per day. Physical examination findings included a mildly antalgic gait with forward posture. Imaging results were reviewed with an MRI of the lumbar spine in September 2013 having shown a central disc protrusion with left lateralized foraminal stenosis at L5-S1 and bilateral foraminal stenosis at L4-5. The assessment references sexual dysfunction attributed to decreased testosterone levels while taking opioid medications causing depression and anxiety. Although not listed under the claimant's medications, the plan also references medications as including Cymbalta 30 mg two times per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE PATCH 5%, #30, NO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (TOPICAL LIDOCAINE).

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

Decision rationale: The injured worker is being treated for chronic back and radicular pain. No surgery is planned and the injured worker has undergone multiple prior conservative treatments. The injured worker continues to receive medication for chronic nonmalignant pain. Although topical lidocaine in a formulation that does not involve a dermal-patch system, it could be recommended for localized peripheral pain, this injured worker does not have localized pain. In terms of the requested Lidoderm, it is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request is not medically necessary.

DULOXETINE 30MG, #60 WITH 4 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 (1) Specific Anti-Epilepsy Drugs. (2) Duloxetine (Cymbalta). Antidepressants for chronic pain Page(s): 18-19, 43-44, 15-16.

Decision rationale: The injured worker is being treated for chronic back and radicular pain. No surgery is planned and the injured worker has undergone multiple prior conservative treatments. The injured worker continues to receive medication for chronic nonmalignant pain. There is no high quality evidence to support the use of duloxetine for lumbar radiculopathy and it is also noted to cause sexual dysfunction. Although Duloxetine is an option in the first-line treatment of neuropathic pain, the injured worker is already taking gabapentin for neuropathic pain at a suboptimal dose of 900 mg per day. An adequate trial with gabapentin would include three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. When used for the treatment of depression, a tricyclic antidepressant would be considered as first line treatment rather than Duloxetine. Further, the injured worker's depression is attributed to secondary side effects from opioid medication (see the discussion with respect to question #3) which is also not considered medically necessary.

HYDROCODONE/APAP 1-/325MG, #90, NO REFILLS: 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 Criteria for use of opioids Page(s): 78-80.

Decision rationale: The injured worker is being treated for chronic back and radicular pain. No surgery is planned and the injured worker has undergone multiple prior conservative

treatments. The injured worker continues to receive medication for chronic nonmalignant pain. The injured worker's medications include the short acting combination opioid, hydrocodone acetaminophen. Opioids are the most powerful analgesics and include some of the oldest and most effective drugs used in the control of severe pain. Hydrocodone is considered a strong opioid and is recommended for the treatment of severe breakthrough pain. Ongoing management with opioids should include review and documentation of side effects with consideration of discontinuation if there is evidence of intolerable adverse effects. While it could be recommended for the treatment of chronic pain, this injured worker is reported to have side effects of sexual dysfunction with significant testosterone suppression and secondary depression and anxiety. Further, opioids can be continued if the patient has returned to work or there is improved functioning and improvement in pain. In this case, the injured worker has not returned to work and there is no evidence of functional improvement or decreased pain with its use. The request is not medically necessary.

LORAZEPAM 0.5MG, #30, NO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The injured worker is being treated for chronic back and radicular pain. No surgery is planned and the injured worker has undergone multiple prior conservative treatments. The injured worker continues to receive medication for chronic nonmalignant pain. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety.