

Case Number:	CM14-0066586		
Date Assigned:	07/11/2014	Date of Injury:	08/22/2001
Decision Date:	10/02/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/09/2014

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 Occupational 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:

This is a 41-year-old male with a 8/22/01 date of injury. The mechanism of injury was not noted. According to a progress report dated 3/6/14, the patient stated that his VAS with medications was 2-3/10 and without medications was 6-7/10. The patient's medications have provided functional improvement. Objective findings: limited to vital signs. Diagnostic impression: displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy, lumbago. Treatment to date: medication management, activity modification. A UR decision dated 4/25/14 denied the requests for Lidoderm and Butrans. Regarding Lidoderm, there is no documentation of a trial of first-line therapy anti-depressants or an AED such as gabapentin or Lyrica prior to starting this therapy. Localized peripheral pain is not described in the most recent office visit note. Regarding Butrans, the patient has been using it for chronic pain for an unknown period of time with some improvement in reported pain scale, from 6-7/10 to 2-3/10 but whether this corresponds with the use of Butrans is not documented. It is not documented if there is improved functioning or if the patient is working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidoderm 5% Topical Film #90, 1 refill, DOS 04/02/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm

Decision rationale: CA MTUS states that 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). There should be documentation of a successful trial of Lidoderm patches, as well as a discussion of functional improvement, including the ability to decrease the patient's oral pain medications. The documentation provided does not provide this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Therefore, the request for Retrospective request for Lidoderm 5% Topical Film #90, 1 refill, DOS 04/02/2014 was not medically necessary.

Retrospective Request for Butrans 20mcg/hr Transdermal Film, Extended Release #4, DOS 04/02/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Buprenorphine Other Medical Treatment Guideline or Medical Evidence: FDA (Butrans)

Decision rationale: The FDA states that Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. It is documented that the patient is currently utilizing Norco. Buprenorphine, the active ingredient in Butrans, is a mixed opioid agonist/antagonist. Buprenorphine blocks the analgesic effects of other opioids, such as Norco. There is no rationale provided as to why this patient requires Butrans as an around-the-clock opioid analgesic instead of another medication. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Retrospective Request for Butrans 20mcg/hr Transdermal Film, Extended Release #4, DOS 04/02/2014 was not medically necessary.