

Case Number:	CM14-0076720		
Date Assigned:	08/08/2014	Date of Injury:	11/14/1996
Decision Date:	10/01/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 case involves a 57-year-old female who has submitted a claim for chronic neck pain, chronic low back pain, and chronic left shoulder pain associated with an industrial injury date of 11/14/1996. Medical records from 2013 to 2014 were reviewed. The injured worker reported persistent left shoulder pain, neck pain, upper back pain, and chest pain, with continued weakness of the left leg. Back pain radiated to the left lower extremity. The injured worker likewise complained of numbness and tingling sensation of both hands. There were no noted significant side effects from intake of medications, aside from sedation. The injured worker reported gastrointestinal upset associated with medication intake. The injured worker reported functional improvement from Wellbutrin, Prevacid, and Lidoderm patch. The injured worker ambulated without an assistive device. Physical exam showed muscle spasm at the paracervical and paralumbar muscles. Trigger points were noted at the left gluteal area. Urine drug screen from 11/20/2013 showed consistent results with prescribed medications. Treatment to date has included activity restriction and medications such as Vicoprofen, Valium, Celebrex, Lidoderm, baclofen, Prevacid, Wellbutrin, and Voltaren gel. Utilization review from 5/15/2014 denied the request for Lidoderm patch #90 with 2 refills because the injured worker did not present with postherpetic neuralgia; denied Valium 5mg #150 because long-term use was not recommended; denied Vicoprofen #360 because of no documented improvement from medication use; modified the request for Wellbutrin SR 100mg #30 with 3 refills go #13 with zero refill for relief of depression and neuropathic pain; denied Prevacid 30mg #30 with 3 refills because the request for NSAID was likewise not certified; denied Celebrex 200mg #30 with 3 refills because simultaneous intake with Vicoprofen was not recommended; and denied Topical NSAID/analgesic samples #240 because of lack of published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Lidocaine patch, Page(s): , page(s) 56-57.

Decision rationale: Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state 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). In this case, the exact initial date of Lidoderm patch prescription was not noted due to limited medical records submitted for review. Patient presented with back pain radiating to the left lower extremity. She likewise complained of numbness and tingling of both hands. Clinical manifestations are consistent with neuropathic pain. However, there is no evidence that patient was initially prescribed first line therapy to warrant use of lidocaine patch. Guideline criteria were not met. Therefore, the request for Lidoderm patch #90 with 2 refills is not medically necessary.

Valium 5mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Benzodiazepines, Page(s): page 24.

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, patient has been on benzodiazepines since 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Furthermore, diazepam is not recommended for long-term use as stated by the guidelines. The medical necessity has not been established. Therefore, the request for Valium 5mg #150 is not medically necessary.

Vicoprofen #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page 46 Acupuncture Medical Treatment Guidelines Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the exact initial prescription date of Vicoprofen is unknown due to limited medical records submitted for review. However, there was no documentation concerning pain relief and functional improvement derived from its use. The request likewise failed to specify dosage. Therefore, the request for Vicoprofen #360 is not medically necessary.

Wellbutrin SR 100mg #30 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Bupropion (Wellbutrin) Page(s): Page 16.

Decision rationale: As stated on page 16 of CA MTUS Chronic Pain Medical Treatment Guidelines, bupropion (Wellbutrin) is a second-generation non-tricyclic antidepressant, which is likewise effective in treating neuropathic pain. In this case, the exact initial date of Wellbutrin prescription is unknown due to limited medical records submitted for review. The most recent progress report stated that patient reported symptom relief from Wellbutrin intake. Clinical manifestations are likewise consistent with neuropathic pain; hence, continuing management with bupropion has been established. Therefore, the request for Wellbutrin SR 100mg #30 with 3 refills is medically necessary.

Prevacid 30mg #30 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk, Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the exact initial prescription date of Prevacid is unknown due to limited medical records submitted for review. Patient complained of gastrointestinal upset secondary to intake of multiple oral medications. The latest progress report cited that patient noted symptom relief upon intake of Prevacid. The medical necessity has been established. Therefore, the request for Prevacid 30mg #30 with 3 refills is medically necessary.

Celebrex 200mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page 46 Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the exact initial prescription date of Celebrex is unknown due to limited medical records submitted for review. However, there was no documentation concerning pain relief and functional improvement derived from its use. The request likewise failed to specify dosage. Therefore, the request for Celebrex 200mg #30 with 3 refills is not medically necessary.

Topical NSAID/analgesic samples #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical non-steroidal anti-inflammatory drugs (NSAIDs) formulation is only supported for Diclofenac in the California MTUS. In this case, patient was prescribed topical NSAID as adjuvant therapy to oral medications. However, the present request as submitted failed to specify the compounded medication. The request is incomplete; therefore, the request for Topical NSAID/analgesic samples #240 is not medically necessary.