

Case Number:	CM14-0080250		
Date Assigned:	07/21/2014	Date of Injury:	06/05/2007
Decision Date:	08/26/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 59-year-old female with a reported date of injury on 06/05/2007. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include bilateral carpal tunnel syndrome, right shoulder pain, right shoulder rotator cuff tear, status post repair, right bicipital tendinitis, cervicgia, bilateral C6-7 radiculopathy, and left proximal arm mass. Her previous treatments were noted to include surgery, physical therapy, psychiatric treatment, and medications. The progress note dated 06/25/2014 revealed the injured worker complained of neck pain, bilateral hand numbness, low back pain, right leg pain and numbness. The injured worker reported the neck pain radiated down her arms and her low back pain radiated down her right leg. The physical examination revealed no pain with direct palpation to the medial and lateral epicondyles and a negative Tinel's was at the radial tunnel. The physical examination of the cervical spine was noted to have decreased range of motion. The physical examination of the right shoulder revealed a decreased range of motion, as well as the left shoulder. Her medication regimen was noted to include meclizine 25 mg 1 three times a day as needed, Norco 10/325 mg 1 four times a day as needed, Valium 5 mg 1 four times a day as needed, Soma 350 mg 1 in the evening as needed for pain, Wellbutrin XL 300 mg 1 daily, Mobic 7.5 mg 1 twice a day, and Lidoderm 5% patch 1 every 12 hours per day. The injured worker indicated she was having spasming in her trapezius muscles and found that the Lidoderm patches were really helpful. The Request for Authorization form was not submitted within the medical records. The request is for Lidoderm 5% patch for radicular pain, Norco 10/325mg for pain, and Soma 350mg for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch: 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 111-112 Page(s): 111-112.

Decision rationale: The request for Lidoderm 5% patch is non-certified. The injured worker has been utilizing this medication since at least 05/2014. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized control trial to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any complained product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend lidocaine for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED, such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines do not recommend Lidoderm for non neuropathic pain. There is only 1 trial that tested 4% lidocaine for treatment of chronic muscle pain and the results show there was no superiority over placebo. There is a lack of evidence regarding a failed trial of tricyclics, SNRI antidepressants, or AEDs. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, page 78 Page(s): 78.

Decision rationale: The request for Norco 10/325mg is non-certified. The injured worker has been utilizing this medication since at least 01-2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. The provider indicated the injured worker was receiving generalized improvement in function, and she did not overuse medications, had no diversion, and has analgesia and improved ADLs and the urine drug screen performed 10/31/2013 was consistent with therapy.

However, there is a lack of documentation regarding significant pain relief on a numerical scale with the utilization of this medication and the request failed to provide the frequency to which this medication is to be utilized. Therefore, the request is non-certified.

Soma 350mg: Upheld

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

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

Decision rationale: The request for Soma 350mg is non-certified. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patient with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. The provider indicated the injured worker was able to have control of sleep dysfunction and pain so she could be comfortable in the evenings when lying down with her back, shoulder, and neck complaints. The physical examination showed muscle spasms, however, the guidelines recommend short term use of this medication and the injured worker has been on muscle relaxants for over 6 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.