MAXIMUS Federal Services

Case Number:	CM14-0088519		
Date Assigned:	07/23/2014	Date of Injury:	03/01/2006
Decision Date:	09/20/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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 60-year-old female with a 3/1/06 date of injury. The mechanism of injury was not noted. According to a progress report dated 12/12/13, the patient complained of bilateral low back pain with the left side more painful than the right. She rated her pain score at 4/10. She reported that she had been having increased painful numbness to lateral aspect of right lower extremity just below hip to knee. Objective findings: left lower extremity weakness, numbness in the right lower extremity, stiffness and spasms of low back. Diagnostic impression: lumbago, degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date: medication management, activity modification, physical therapy, lumbar ESI.A UR decision dated 5/29/14 denied the retrospective requests for Lidoderm and Suboxone. Regarding Lidoderm, it was stated in the records that the patient benefits from this medication. While continued use of Lidoderm may be considered, there is currently no indication for the requested five refills. The continued need for a medication must be supported by objective findings noted during succeeding clinical evaluations. Regarding Suboxone, the patient's previous response to Suboxone was not documented in terms of degree and duration of pain relief experienced and specific functional gains achieved to justify its continued use. In addition, results of recent drug screens which objectively validate strict adherence to the prescribed medication regimen were not reported. Lastly, there is currently no indication for the requested refills of Suboxone as the continued need for a medication must be supported by objective findings noted during succeeding clinical evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective (12/12/13) Lidoderm 5% patch as needed for pain #60 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 (12/12/13) Lidoderm 5% patch as needed for pain #60 5 refills was not medically necessary.

retrospective (12/12/13) Suboxone 4mg sublingually as needed for pain #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines chapter not cited.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Buprenorphine.

Decision rationale: CA MTUS does not address this issue. ODG states that buprenorphine is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation that the patient has been on a first-line analgesic agent. Furthermore, 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 (12/12/13) Suboxone 4 mg sublingually as needed for pain #180 was not medically necessary.