

Case Number:	CM14-0095159		
Date Assigned:	07/25/2014	Date of Injury:	01/28/2013
Decision Date:	09/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/23/2014

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 Family 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 57 year old female patient who reported an industrial injury on 1/28/2013, 21 months ago, attributed to the performance of her customary job tasks. The patient is treated by pain management. The patient complained of lower back pain radiating to the LLE. The objective findings on examination included mild tenderness over the paraspinal muscles. The MRI of the lumbar spine documented evidence of foraminal stenosis in the right L4-L5 and a foraminal disc was noted on L5-S1 on the right. Electrodiagnostic studies documented a right peroneal motor nerve demyelination and entrapment across the fibular head, proximal abnormality of the bilateral peroneal nerve, demyelination of the right tibial nerve, and proximal abnormality of the right tibial nerve, with a sural sensory abnormality. The diagnosis was lumbago. The patient was prescribed Oxycodone 5 mg #60; Cymbalta 30 mg #30; and Lidoderm patches 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30 between 5/20/14 and 8/20/14: Upheld

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

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 medications for chronic pain; antidepressants; Duloxetine.

Decision rationale: The prescription of the antidepressant Cymbalta for the treatment of chronic pain is consistent with the recommendations of the Official Disability Guidelines for the treatment of neuropathic pain. The Official Disability Guidelines recommend the use of Cymbalta as a first line treatment for neuropathic pain. There is no documented neuropathic pain documented for this patient as she is treated for Lumbago with some foraminal stenosis. There is no demonstrated nerve impingement radiculopathy. The patient is diagnosed with back pain. There is no clinical documentation by the provider to support the prescription for Cymbalta 30 mg q day for the effects of the industrial injury. There was no trial with the recommended tricyclic antidepressants. The patient has not been demonstrated to have functional improvement based on the prescribed significant dose of Cymbalta. There has been no attempt to titrate the patient down or off of the Cymbalta. The prescribing provider did not provide a rationale for the use of the Cymbalta for the treatment of chronic pain and the clinical documentation provided did not note depression or neuropathic pain. There was no documentation of any functional improvement attributed to Cymbalta. There was no objective evidence to support the medical necessity of the prescription for Cymbalta. The patient is given a nonspecific diagnosis and has been prescribed Cymbalta for a prolonged period time without demonstrated functional improvement. There is no documented mental status examination and no rationale to support medical necessity. There is no provided nexus to the stated mechanism of injury 21 months ago for the current symptoms. Cymbalta is an antidepressant in a group of drugs called selective serotonin and norepinephrine reuptake inhibitors (SSNRIs). Cymbalta is used to treat major depression disorder and general anxiety disorder. Cymbalta is used to treat chronic pain disorder called fibromyalgia, treat pain caused by nerve damage in people with diabetes, and to treat chronic muscular skeletal pain including discomfort from osteoarthritis and chronic lower back pain. The California MTUS guidelines state that Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. This medication is often used off label for neuropathic pain and radiculopathy. Cymbalta is recommended as a first-line option for diabetic neuropathy. The patient does not have a diagnosis of specific neuropathic pain. There is no demonstrated medical necessity for the continued prescription of Cymbalta 30 mg #30 for the treatment of the effects of the cited industrial injury. Therefore the request is not medically necessary.

Lidoderm patch 5% 3 a day #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines anti-inflammatory medications pages 67-68; chronic pain chapter's 111-113 topical analgesics Page(s): 67-68; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain; topical analgesics.

Decision rationale: The prescription of topical Lidoderm patches 5% #30 was not demonstrated to be medically necessary and no objective evidence to support the medical necessity of the prescribed topical lidocaine for the cited diagnoses. The CA MTUS does not recommend the use

of Lidoderm patches for pain control as the patches or ointment are only FDA approved for the treatment of neuropathic pain attributed to post herpetic neuralgia. The patient is being treated with Lidoderm patches for chronic knee and back pain. There is no medical necessity for the use of the Lidoderm patches for the objective findings documented on examination. The request for authorization of the Lidoderm patches is not supported with objective evidence and is not recommended as a first line treatment for the treatment of chronic knee and back pain. There is no objective evidence that the Lidoderm patches are more effective than the many available alternatives for the treatment of chronic pain. There is no objective evidence to support the use of Lidoderm patches for the stated symptoms, as there are available alternatives. There is no objective evidence to support the use of topical lidocaine for the treatment of the documented diagnoses. The applicable evidence-based guidelines state that more research is required prior to endorsing the use of Lidoderm patches for the treatment of chronic pain. The prescription of Lidoderm patches is FDA approved only for post herpetic neuralgia and is not to be used as a first line treatment. The provider provides no rationale for the use of the dispensed/prescribed Lidoderm patches over the readily available medical alternatives. The prescription of the Lidoderm patches is inconsistent with evidence-based guidelines. There are no prescribed antidepressants to support the medical necessity of Lidoderm topical patches. Evidence-based guidelines necessitate documentation of 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) to support the medical necessity of Lidoderm patch. The patient is not taking Neurontin, thus Lidoderm is not appropriate for the treatment of this patient. There is no objective evidence to support the use of Lidoderm patches for the continuous and daily treatment of chronic shoulder or back pain. There is no current clinical documentation that indicates that the patient has a localized area of neuropathic pain for which this medication would be medically necessary. There is no demonstrated medical necessity for Lidoderm patches or topical lidocaine ointment to treat the effects of the industrial injury. ODG identifies that Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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). This 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Additionally, ODG states that topical lidocaine 5% patch/ointment has been approved by the FDA for post-herpetic neuralgia, and is used off-label for diabetic neuropathy and other neuropathic pain. It has been shown to be useful in treating various chronic neuropathic pain conditions in open-label trials. (Argoff, 2006) (ODG, Pain Chapter). There is no demonstrated medical necessity for the prescribed Lidoderm patches 5% #30. Therefore the request is not medically necessary.