MAXIMUS Federal Services

Case Number:	CM14-0145385		
Date Assigned:	09/12/2014	Date of Injury:	10/17/2012
Decision Date:	05/04/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Internal Medicine

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 51-year-old female, who sustained an industrial injury on 10/17/12. The injured worker was diagnosed as having lumbar herniated nucleus pulposus at L5-S1 and lumbar radiculopathy. Treatment to date has included chiropractic treatment that was not helpful and two transforaminal epidural steroid injections that did not reduce pain. A MRI of the lumbar spine obtained on 8/25/14 revealed degenerative changes at L5-S1 without significant central canal or neural foraminal stenosis. Currently, the injured worker complains of pain in the back, right hip, and right leg. The treating physician requested authorization for retrospective requests for 7/16/14 of Nortriptyline HCL 25mg #60, Hydrocodone/APAP 10/325mg #90, and LidoPro ointment 4oz. The treating physician noted a trial of Nortriptyline was needed to reduce radicular complaints. LidoPro cream would be used as an adjunct to help reduce radicular complaints while taking Nortriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for 60 capsules of Nortriptyline HCL 25mg, dispensed on 7/16/14:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for the Treatment of Chronic Pain Page(s): 24, 80.

Decision rationale: Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants, such as Nortriptyline, are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. In addition, recent reviews recommended tricyclic antidepressants as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Tricyclics are contraindicated in patients with cardiac conduction disturbances and/or decompensation (they can produce heart block and arrhythmias) as well as for those patients with epilepsy. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. In this case, the patient has low back pain with radiculopathy. She used Nortriptyline; however, there was no documentation of objective functional improvement as a result of this medication. There was no documentation of medical need for Nortriptyline. Medical necessity for the requested medication was not established. The requested medication was not medically necessary.

Retrospective Request for 90 capsules of Hydrocodone/APAP 10mg/325, dispensed on 7/16/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the Treatment of Chronic Pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines: Opioids.

Decision rationale: According to MTUS and ODG, Norco 10/325mg (Hydrocodone/ Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there was no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item was not established. Of note, discontinuation of an opioid analgesic should have included a taper, to avoid withdrawal symptoms. Medical necessity for the requested item was not established. The requested item was not medically necessary.

Retrospective Request for 1 LidoPro Ointment 4oz, dispensed on 7/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. In this case, there is no documentation of intolerance to other previous oral medications. MTUS guidelines state that Lidocaine, capsaicin and/or muscle relaxants are not recommended for topical applications. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain, and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. Medical necessity for the topical analgesic was not established. The request for retrospective treatment with this topical analgesic, containing Lidocaine, is not medically necessary.