

Case Number:	CM15-0000196		
Date Assigned:	01/09/2015	Date of Injury:	11/27/1996
Decision Date:	03/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/02/2015

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 63 year old male, who sustained an industrial injury on 11/27/1996. He has reported pain in the lower back, erectile dysfunction, xerostomia and psyche issues . The diagnoses have included chronic low back pain, failed lumbar back surgery, back pain with radiculopathy, myalgia, xerostomia, shoulder impingement syndrome, erectile dysfunction secondary to medications, anxiety/depression and insomnia. Treatment to date has included medications, diagnostics, surgeries, use of cane and physical therapy. Currently, as per the primary physician's PR2 dated 12/10/14, the IW complains of pain in bilateral shoulders, legs, buttocks, knees and low back. The frequency of the pain/spasticity is constant, the quality is sharp, aching, burning, shooting and stabbing. The pain is made better by rest, heat, medication, walking and change of position. The pain is rated 3/10 with use of medications, average of 5/10 and worst pain rated 8/10. The pain is worse all day. He has been depressed, angry and frustrated. He complains of fatigue, loss of appetite ,muscle weakness, cramps, joint pain and stiffness and back pain. The physical exam revealed kyphotic posture, slow antalgic gait, and he transitions gingerly. Once standing, he uses a single point cane. There are no documented diagnostic studies noted. On 12/24/14 Utilization Review non-certified a request for 3 boxes of lidoderm 5 % patches, noting that neuropathic pain recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. The MTUS was cited. On 12/24/14 Utilization Review modified a request for zanaflex 6mg #60 to zanaflex 6mg #30 with no refills, noting it was unclear how long the IW was using zanaflex for treatment as it is recommended for short term treatment and a weaning schedule was indicated. MTUS was cited. On 12/24/14

utilization Review modified a request for zonegran 100mg #120 with 2 refills to zonegran 100mg #60 with no refills, noting that the documentation did not support that the IW had signs and symptoms of neuropathic pain and a weaning schedule was indicated. MTUS Guidelines was cited. On 12/24/14 Utilization Review modified a request for effexor 75 mg #90 with 2 refills to effexor xr 75 mg #45 with no refills, noting that the documentation did not support that the IW had signs and symptoms of neuropathic pain and a weaning schedule was indicated. MTUS Guidelines, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches, #3 boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine indication Page(s): 111-114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-113 (pdf format).

Decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines 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 NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating the use of Lidocaine patches. Per California MTUS 2009 Guidelines Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy(tricyclic or SNRI anti-depressants or an anticonvulsant medication such as gabapentin or Lyrica. The medication is only FDA approved for post-herpetic neuralgia. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medications has not been established. The requested treatments are not medically necessary.

Zanaflex 6mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66 (pdf format).

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha-2-adrenergic agent FDA approved for the treatment of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and as adjunct treatment for the treatment of fibromyalgia. Per California MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. The claimant has no reported cervical or lumbar spasm on exam . Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Zonegran 100mg, #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16 (pdf format).

Decision rationale: Per California MTUS Guidelines 2009 antiepilepsy medications are a first line treatment for neuropathic pain. A recommended trial period for an adequate trial of the medication is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. There is no documentation the claimant has neuropathic pain and the medication has proved beneficial. Medical necessity for the requested item has not been established. The requested item is not medically necessary for treatment of the patient's chronic pain condition.

Effexor XR 75mg, #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs for chronic pain Page(s): 123.

Decision rationale: Per California MTUS, Effexor is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75 mg b.i.d or 150 mg/day of the ER formula. The maximum dose of the immediate release formulation is 375 mg/day and of the ER formula is 225 mg/day. It may have an advantage over tricyclic antidepressants due to lack of anticholinergic side effects. Dosage requirements are necessary in patients with hepatic and renal impairment. There is no documentation the claimant has neuropathic pain. Medical necessity for the requested item has not been established. The requested item is not medically necessary.