MAXIMUS Federal Services

Case Number:	CM15-0004571		
Date Assigned:	01/15/2015	Date of Injury:	04/16/2009
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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, Tennessee
Certification(s)/Specialty: Emergency 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 40 year old female who sustained an industrial injury reported on 4/16/2009. She has reported a painful stiff neck with loss of control of her upper extremities, and low back pain with bilateral lower extremity weakness. The diagnoses have included degeneration of cervical and lumbar intervertebral; traumatic temporomandibular joint disorder/pain; chronic pain syndrome; post-concussion syndrome; and migraine headaches. Treatments to date have included consultations; diagnostic imaging studies; physical therapy; injection therapy; rest; prism glasses for diplopia; and medication management. The work status classification for this injured worker (IW) is noted to not be back to work on modified work instructions. On 12/11/2014 Utilization Review (UR) partially certified, for medical necessity, the request for Lidocaine 5% 700mg adhesive patch, 1 patch daily up to 12 hours, #60 - to 1 patch daily; stating that the amount requested, #60, makes it unclear as to the total being requested for 1 patch daily, or if a refill has been requested. The Medical Treatment Utilization Schedule, chronic pain, neck and upper back complaints, low back complaints and chronic pain medical treatment guidelines, were cited. A evaluation, with the request dated 12/3/2014, is noted for Lidocaine 5%, (700mg/patch) adhesive patch, apply 1 patch by transdermal route, once daily (may wear up to 12 hours).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5 percent (700mg/patch) apply 1 patch by Transdermal Daily #60, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112. Decision based on Non-MTUS Citation Pain Lidoderm (lidocaine patch)

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Criteria for use of Lidoderm patches: a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology.(b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).(c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points.(d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.(e) The area for treatment should be designated as well as number of planned (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks).(g) It is generally recommended that no other medication changes be made during the trial period.(h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued.(i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued.In this case the patient has been using Lidoderm patches since July 2014 and pain level has not changed. Because there is no improvement, the lidocaine should be discontinued. The request should not be authorized.

Zomig 5mg, 1 tab twice a day #60 refill 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head, Triptans

Decision rationale: Zomig is the triptan medication zolmitriptan. Triptans are recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor

response to other agents in that class. In this case there is no documentation that the patient suffers from migraine headaches. There is documentation in the medical record that the patient suffers from chronic headaches, but there is no evidence to support that the headaches are migrainous. Zomig is not indicated. The request should not be authorized.