

Case Number:	CM15-0006677		
Date Assigned:	01/29/2015	Date of Injury:	03/22/2007
Decision Date:	05/12/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female, who sustained an industrial injury on March 22, 2007. The injured worker was diagnosed as having opioid dependence, cervical post-laminectomy syndrome, chronic pain syndrome, depressive disorder, and psychalgia. Treatment to date has included home exercise program (HEP) and medication. Currently, the injured worker complains of bilateral neck pain with radiation of pain and numbness to the left upper extremity, with interference with sleep noted and depression and anxiety. The Treating Physician's report dated December 5, 2014, noted the injured worker reporting a 50% decrease in pain with Lidoderm patches when used with Suboxone and Tylenol. The injured worker was requesting increased dose of Suboxone due to increased pain. Current medications were listed as Acetaminophen, Buprenorphine-Naloxone, Bupropion HCL XL, Latuda, Lidoderm patch, Lorazepam, Mirtazapine, Risperidone, Seroquel, Vibryd, Zolpidem, and Vitamin D2. The medications were noted to be reviewed and refilled in a stable fashion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen 650mg, 1 tab Q 6 hours PO, #120, refills: 2: Overturned

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 Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 03/22/07 and presents with bilateral neck pain which radiates to the left upper extremity. The request is for Acetaminophen 650 mg 1 tab q 6 hours po #120 refills: 2. There is no RFA provided and the patient's work status is not provided. The patient has been taking this medication as early as 06/06/14. MTUS page 22 supports Tylenol as first line treatment for chronic pain. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. On 06/06/14 and 12/03/14, the patient rated her pain as an 8/10. The 12/03/14 report states that the patient notes "increased difficulty with performing ADLs due to the increased pain. When using Lidoderm patches in the past he was able to walk for up to 20 minutes outdoors. She is no longer walking outdoors as she is unable to tolerate it due to pain. Lidoderm patches have provided a 50% reduction in pain symptoms when used with Suboxone and Tylenol. No adverse side effects reported." In this case, Tylenol is helpful to the patient's pain and function. Therefore, the requested Acetaminophen is medically necessary.

Lidoderm 5 percent (700mg/patch) 1 patch QD transdermal for 30 days #30, refills: 5:
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 Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Lidoderm.

Decision rationale: The patient was injured on 03/22/07 and presents with bilateral neck pain which radiates to the left upper extremity. The request is for Lidoderm 5% (700 mg/patch) 1 patch qd transdermal for 30 days #30 refills: 5. There is no RFA provided and the patient's work status is not provided. The patient has been using this patch as early as 06/06/14. MTUS chronic pain medical treatment guidelines page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." In reading ODG Guidelines, it specifies the Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The 12/03/14 report states that the patient notes "increased difficulty with performing ADLs due to the increased pain. When using Lidoderm patches in the past he was able to walk for up to 20 minutes outdoors. She is no longer walking outdoors as she is unable to tolerate it due to pain. Lidoderm patches have provided a 50% reduction in pain

symptoms when used with Suboxone and Tylenol. No adverse side effects reported." She has numbness in the fingers of her left hand, stiffness/spasm in her neck, feels depressed, and has interference with sleep. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidoderm patch is not medically necessary.

Buprenorphine 2mg-naloxone 0.5mg 1 tab QD q4-6 for 30 days #150 refills:2: 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 Criteria for use of Opioids, Buprenorphine Page(s): 76-78, 88-89, 26-27.

Decision rationale: The patient was injured on 03/22/07 and presents with bilateral neck pain which radiates to the left upper extremity. The request is for Buprenorphine- 2 mg- Naloxone 0.5 mg 1 tab qd q 4-6 for 30 days #150 refills: 2. There is no RFA provided and the patient's work status is not provided. The patient has been taking this medication as early as 06/06/14. For chronic opioid use in general, MTUS guidelines pages 88 and 89, state, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, page 78, also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, times it takes for medication to work, and duration of pain relief. For buprenorphine, MTUS, pages 26-27, specifically recommends it for treatment of opioid addiction and also for chronic pain. On 06/06/14 and 12/03/14, the patient rated her pain as an 8/10. The 12/03/14 report states that the patient notes "increased difficulty with performing ADLs due to the increased pain. When using Lidoderm patches in the past he was able to walk for up to 20 minutes outdoors. She is no longer walking outdoors as she is unable to tolerate it due to pain. Lidoderm patches have provided a 50% reduction in pain symptoms when used with Suboxone and Tylenol. No adverse side effects reported." The treater provides a discussion regarding side effects/aberrant behavior; however, not all 4A's are addressed as required by MTUS guidelines. The treater does not provide any before-and-after medication pain scales and there are no examples of ADLs, which demonstrate medication efficacy. There is no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS guidelines. The treater did not provide a urine drug screen to see if the patient is compliant with her medications. The treating physician does not proper documentation that is required by MTUS guidelines for continued opioid use. Therefore, the requested Buprenorphine is not medically necessary.