

Case Number:	CM15-0132647		
Date Assigned:	07/20/2015	Date of Injury:	12/01/1998
Decision Date:	08/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/08/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 50-year-old male who sustained an industrial injury on 12-01-98. Diagnoses are cervical pain and chronic low back syndrome. An MRI of the Lumbar spine done 8-4-14 reveals multilevel degenerative disk changes, disk desiccation, disk height loss, particularly at L5-S1. There is a small left paracentral disk at L5-S1. Broad based bulging disk is noted at L2-L3 and L3-L4- (nonindustrial). In a progress report dated 2-11-15, the treating physician notes the injured worker owns his own business and works full time. He has not been able to do a quarter of the work he normally does because he has been struggling with so much pain. A urine drug screen was not done this visit because he was without medications for a month. Pain level without medication is 9 out of 10 and he has gone through significant withdrawal symptoms, which he is just getting over. When he has his medications he is able to continue with his work full time and help with activities of daily living at home with the housework and his own care. He has some side effects of gastrointestinal upset but Dexilant helps with that. A CURES report was run and there are no aberrant behaviors. In a progress report dated 6-18-15, the treating physician notes He has ongoing neck pain. He is doing well on the current medication regimen with no adverse effects or aberrant behaviors. A random urine drug screen done this date was consistent. There is an updated signed opioid agreement. He continues to work full time. Objective findings note ongoing tenderness to the cervical paraspinal muscles. Current medications are Oxycodone, Percocet, Lyrica, Dexilant, and Lidoderm Patch. Previous treatment includes an epidural steroid injection -provide greater than 50% relief of radicular leg symptoms for about a year, acupuncture for headaches, medications, transcutaneous electrical nerve stimulation. The requested treatment is Lidoderm Patch, quantity of 30 with 2 refills and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch, Qty 30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review indicate that the injured worker is being treated with Lyrica, a first line drug for neuropathic pain. It was documented that the injured worker was getting good pain relief with it. As the injured worker has not failed first-line therapy, the request is not medically necessary.

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87.

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. Per MTUS CPMTG p87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in 'distress,' (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources." While it is noted that the injured worker does not demonstrate any indicators and previously underwent UDS on 11/19/14, per the ODG guidelines "Patients at 'low risk' of addiction/

aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." I respectfully disagree with the UR physician's assertion stating UDS is not required as it was performed 7 months ago, as prior test was 9 months ago, repeat UDS is medically necessary.