MAXIMUS Federal Services

Case Number:	CM15-0140223		
Date Assigned:	07/30/2015	Date of Injury:	08/07/1998
Decision Date:	09/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/20/2015

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 62 year old female, who sustained an industrial injury on 8-7-98. The injured worker was diagnosed as having lumbar radiculopathy to bilateral lower extremities, lumbar spine degenerative disc disease, lumbar spine sprain-strain, neck pain with cervical degenerative disc disease, cervical spine sprain-strain and right elbow pain with right wrist and hand pain. Treatment to date has included oral medications including Norco 5-325mg and Soma 350mg; and topical Lidoderm patch. (MRI) magnetic resonance imaging of cervical spine performed 1-22-14 revealed reversal of cervical lordosis, multilevel endplate degenerative change4s and midline disc protrusion at C6-7. (MRI) magnetic resonance imaging of lumbar spine performed 1-22-14 revealed disc protrusion at L5-S1 and left foraminal disc protrusion at L4-5. Currently on 6-1-15, the injured worker complains of neck pain, low back pain, right elbow pain and right wrist pain. Physical exam performed on 6-1-15 revealed cervical spasm with restricted range of motion and trapezial tenderness and spasm; lumbar spine tenderness is noted in the paraspinal region bilaterally with tenderness in the midline lumbar spine and restricted lumbar spasm and restricted range of motion. The treatment plan dated 6-25-15 included request for Norco 5-325mg #60 and Lidoderm patch 5% #60. The treatment plan dated 6-1-15 included physical therapy 12 sessions; follow up appointment and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS RFA Hydroco/APAP 5-325mg day supply: 30 Qty: 60, 0 refills, Rx date: 06/17/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 6/1/15 progress report provided by the treating physician, this patient presents with neck pain and low back pain, and also has right elbow/wrist pain. The treater has asked for but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient has a positive straight leg raise and limited range of motion of the L-spine with spasm per 6/1/15 report. The patient is not permanent and stationary as of 5/14/15 report. The patient is having trouble sleeping, and has dizziness and achiness "all over" per 2/2/15 report. The patient's work status is working full time as of 2/2/15 report. MTUS Guidelines Criteria for Use of Opioids Section under Long-Term Users of Opioids, Pages 88-89: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS Criteria for Use of Opioids Section under Therapeutic Trial of Opioids, Page 78: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) MTUS Criteria for Use of Opioids Section under Therapeutic Trial of Opioids, Page 77: Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the treater has requested Norco. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. No UDS, no CURES and no opioid contract are provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS states that the maximum dosage for Hydrocodone is 60mg/24 hours, and this is a prescription for a 30 day supply of 60 tabs. Therefore, the request is not medically necessary.

Lidocaine pad 5% day supply: 30 Qty: 30, 4 refills, Rx Date: 06/27/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Based on the 6/1/15 progress report provided by the treating physician, this patient presents with neck pain and low back pain, and also has right elbow/wrist pain. The treater has asked for Lidocaine pad 5% day supply 30 Qty 30, 4 refills, Rx Date 06/27/15 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient has a positive straight leg raise and limited range of motion of the L-spine with spasm per 6/1/15 report. The patient is not permanent and stationary as of 5/14/15 report. The patient is having trouble sleeping, and has dizziness and achiness "all over" per 2/2/15 report. The patient's work status is full time as of 2/2/15 report. MTUS, Topical Analgesics section under Lidocaine, pg. 112: lidocaine, in the formulation of a dermal 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 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) The treater does not discuss this request in the reports provided. In this case, the patient does present with localized neuropathic pain as required by MTUS Guidelines. It is not clear if the patient has been taking this medication prior, or if the patient is currently using Lidocaine. The utilization review letter denies request as treater has not documented failure of antidepressants or anticonvulsants. As the patient has not utilized lidocaine patches prior, the requested trial of Lidocaine pad 5% is medically necessary.