

Case Number:	CM15-0164507		
Date Assigned:	09/01/2015	Date of Injury:	11/08/2007
Decision Date:	10/22/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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 60 year old female, who sustained an industrial injury on 11-8-2007. The current diagnoses are carpal tunnel syndrome, neck pain, lesion of the ulnar nerve, and insomnia due to mental disorder. According to the progress report dated 6-4-2015, the injured worker complains of chronic neck, back, and upper extremity pain. She reports neck pain with radiation down her left upper extremity and low back pain with radiation down her left lower extremity. She notes that there has been no acute changes in her pain condition. She does have intermittent flare-ups of pain but generally her pain has remained stable. The level of pain is not rated. No physical examination was documented. The current medications are Buprenorphine, Lidoderm patch, Paxil, and Nabumetone. She notes that medications do help to reduce her pain and allow for better function. She is reporting about 30 percent reduction in pain with the use of Buprenorphine and anti-inflammatory medication. In addition, she uses Lidoderm patches for local relief of pain which has been extremely beneficial. There is documentation of ongoing treatment with Lidoderm patches since at least 1-30-2015 and Nabumetone since at least 4-13-2015. Treatment to date has included medication management, x-rays, occupational therapy, home exercise program, MRI studies, wrist splint, and cervical epidural steroid injection. Work status is described as permanent and stationary. A request for Lidoderm 5 percent patch and Nabumetone has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch x 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The patient presents with neck pain radiating to the left upper extremity and low back pain radiating to the left lower extremity. The request is for LIDODERM 5% PATCH x 30. Physical examination to the cervical spine on 08/18/15 revealed tenderness to palpation over the right sided cervical paraspinal muscles with muscle tension extending into the right upper trapezius muscle. Range of motion was noted to be decreased. Examination to the lumbar spine revealed tenderness to palpation at the lumbosacral junction. Range of motion was decreased in all planes. Per Request For Authorization Form dated 07/17/15, patient's diagnosis include carpal tunnel syndrome, lesion ulnar nerve, neck pain, chronic pain nec, generalized anxiety disorder, psychosis disorder nos, unspecified major depression, recurrent episode, pain psychogenic nec, insomnia due to mental disorder, long term use meds nec, therapeutic drug monitor. Patient's medications, per 06/24/15 Request For Authorization form include Buprenorphine, Lidoderm Patch, Paxil, and Nabumetone. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines 2009, pages 56 and 57, Lidoderm (Lidocaine patch) section states, "topical lidocaine may be 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)." MTUS Page 112, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that 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. The treater does not discuss this request. In progress report dated 08/18/15, the treater states that the Lidoderm Patches provide good relief of pain locally at the back and the patient is able to sleep better and allows her not to escalate on her pain medication. Review of the medical records provided indicate that the patient has been utilizing Lidoderm Patches since at least 04/13/15. In this case, it appears that the patient is benefiting from using the Lidoderm Patch on her back. However, the guidelines do not recommend this medication for axial spinal pain, as it is only indicated for peripheral joint pain. The request does not meet guideline recommendations and therefore, IS NOT medically necessary.

Nabumetone-Relafen 500mg x 90 for DOS: 6/4/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs, specific drug list & adverse effects.

Decision rationale: The patient presents with neck pain radiating to the left upper extremity and low back pain radiating to the left lower extremity. The request is for NABUMETONE - RELAFEN 500MG x 90 FOR DOS: 6/4/15. The request is for LIDODERM 5% PATCH x 30. Physical examination to the cervical spine on 08/18/15 revealed tenderness to palpation over the right sided cervical paraspinal muscles with muscle tension extending into the right upper trapezius muscle. Range of motion was noted to be decreased. Examination to the lumbar spine revealed tenderness to palpation at the lumbosacral junction. Range of motion was decreased in all planes. Per Request For Authorization Form dated 07/17/15, patient's diagnosis include carpal tunnel syndrome, lesion ulnar nerve, neck pain, chronic pain nec, generalized anxiety disorder, psychosis disorder nos, unspecified major depression, recurrent episode, pain psychogenic nec, insomnia due to mental disorder, long term use meds nec, therapeutic drug monitor. Patient's medications, per 06/24/15 Request For Authorization form include Buprenorphine, Lidoderm Patch, Paxil, and Nabumetone. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment 2009, NSAIDs, specific drug list & adverse effects Section, pages 72 and 73 states: "Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of nabumetone should be sought for each patient. Use for moderate pain is off-label. (Relafen Package Insert)" MTUS, ANTI-INFLAMMATORY MEDICATIONS Section, page 22 states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The treater has not specifically discussed this request. Review of the medical records provided indicate that the patient has been utilizing this medication since at least 04/13/15. In progress report dated 06/04/15, the treater states that the patient reports about 30% pain reduction with the use of Buprenorphine and anti-inflammatory medication. In this case, the treater has not specifically discussed the efficacy of Nabumetone in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, in progress report dated 04/13/15, treater recommends Relafen (Nabumetone) for inflammation and pain on a short term basis for two weeks to avoid GI upset which the patient has experienced in the past and the requested quantity of 90 does not imply short term use. Therefore, the request IS NOT medically necessary.

Lidoderm 5% patch x 30 for DOS: 4/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with neck pain radiating to the left upper extremity and low back pain radiating to the left lower extremity. The request is for LIDODERM 5% PATCH FOR DOS: 4/13/15. The request is for LIDODERM 5% PATCH x 30. Physical examination to the cervical spine on 08/18/15 revealed tenderness to palpation over the right sided cervical paraspinal muscles with muscle tension extending into the right upper trapezius muscle. Range of motion was noted to be decreased. Examination to the lumbar spine revealed tenderness to palpation at the lumbosacral junction. Range of motion was decreased in all planes. Per Request For Authorization Form dated 07/17/15, patient's diagnosis include carpal tunnel syndrome, lesion ulnar nerve, neck pain, chronic pain nec, generalized anxiety disorder, psychosis disorder nos, unspecified major depression, recurrent episode, pain psychogenic nec, insomnia due to mental disorder, long term use meds nec, therapeutic drug monitor. Patient's medications, per 06/24/15 Request For Authorization form include Buprenorphine, Lidoderm Patch, Paxil, and Nabumetone. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines 2009, pages 56 and 57, Lidoderm (Lidocaine patch) section states, "topical lidocaine may be 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)." MTUS Page 112, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that 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. The treater does not discuss this request. In progress report dated 08/18/15, the treater states that the Lidoderm Patches provide good relief of pain locally at the back and the patient is able to sleep better and allows her not to escalate on her pain medication. Review of the medical records provided indicate that the patient has been utilizing Lidoderm Patches since at least 04/13/15. In this case, it appears that the patient is benefiting from using the Lidoderm Patch on her back. However, the guidelines do not recommend this medication for axial spinal pain, as it is only indicated for peripheral joint pain. The request does not meet guideline recommendations and therefore, IS NOT medically necessary.