

Case Number:	CM15-0167495		
Date Assigned:	09/08/2015	Date of Injury:	03/10/2009
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 50-year-old female who sustained a work related injury March 10, 2009. According to a treating physician's progress report, dated July 13, 2015, the injured worker presented for follow-up with a diagnosis of cervical strain with radicular symptoms. A March 9, 2007 MRI revealed degenerative changes and intervertebral disc degenerative change, C5-6, C6- 7 with congenital fusion at C3-4 vertebral bodies and mild Klippel-Feil deformity at C3-4 with radiating nerve pain to the arms. She reports emotional distress due to chronic pain with depression, anxiety, and loss of sleep and intermittent suicidal ideation, partly controlled with Lamictal, Prestiq and Nuvigil. Lidoderm patches have continued to reduce her neuralgia from her arms and neck greater than 50%. Headaches occur daily with photophobia and phonophobia, can last up to 4 hours, and are alleviated with Aleve. She is prescribed Brintellix and Vortioxetine to reduce anxiety and depression due to chronic pain. Activities of daily living are limited due to pain; cooking, vacuuming, lifting groceries, and garden. With medication, she can drive up to 20 minutes, dust, wash dishes, and do laundry. Her affect is limited by pain with frequent crying episodes. Examination revealed; cervical spine- tenderness at myofascial trigger points with twitch response, scalene hypertrophy and muscle spasm; first rib and scapula tenderness; shoulder tests Hawkin's mildly positive left and right; lumbar spine- muscle spasms and tenderness are moderate left and right straight leg raise at 60 degrees; Dural signs mild radiating to the right arm. Diagnoses are chronic pain; anxiety; chronic depression. At issue, is the request for authorization for Brintellix and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #60: 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 analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% patches #60 are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial. If improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are cervical strain with radicular symptoms; lumbar sacral strain with radiculopathy; chronic pain; headaches due to cervical strain; shoulder strain bilaterally; elbow strain bilaterally; and emotional distress due to chronic pain depression, anxiety, loss of sleep and intermittent suicidal ideation partly controlled with lamictal, pristiq and nuvagil. The documentation shows Lidoderm 5% patch was prescribed as far back as March 12, 2015. There is no documentation of first-line treatment failure with anti-epileptic drugs and antidepressants. There is no documentation demonstrating objective functional improvement to support the ongoing use of Lidoderm patches. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation of first-line treatment failure and no documentation demonstrating objective functional improvement to support ongoing Lidoderm, Lidoderm 5% patches #60 are not medically necessary.

Brintellix 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Anti-

depressants and Other Medical Treatment Guidelines <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a614003.html>.

Decision rationale: Pursuant to Medline plus, Brintellix 5 mg # 30 is not medically necessary. Vortioxetine is used to treat depression. Vortioxetine is in a class of medications called serotonin modulators. It works mainly by increasing the amount of serotonin, a natural substance in the brain that helps maintain mental balance. In this case, the injured worker's working diagnoses are cervical strain with radicular symptoms; lumbar sacral strain with radiculopathy; chronic pain; headaches due to cervical strain; shoulder strain bilaterally; elbow strain bilaterally; and emotional distress due to chronic pain depression, anxiety, loss of sleep and intermittent suicidal ideation partly controlled with lamictal, pristin and nuvagil. The documentation indicates the injured worker was treated with lamictal, pristin and nuvagil as far back as March 12, 2015. The documentation does not show a progression of symptoms or worsening of symptoms. According to the July 13 2015 progress note, the treating provider prescribed Brintellix. There is no clinical indication a rationale for the addition of a court medication for anxiety and depression. There is no documentation of a worsening of symptoms. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with the clinical indication or rationale for a fourth medication for the treatment of anxiety and depression and no documentation indicating a worsening of symptoms, Pursuant to Medline plus, Brintellix 5 mg #30 is not medically necessary.