

Case Number:	CM15-0188074		
Date Assigned:	09/30/2015	Date of Injury:	02/19/2001
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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 62 year old female, who sustained an industrial injury on 2-19-01. The injured worker is being treated for repetitive stress syndrome of right upper extremity, status post right carpal tunnel release, fibromyalgia and right thumb pain with trigger thumb. Treatment to date has included oral medications including Norco, Topamax, Baclofen, Cymbalta and Tizanidine; topical Lidoderm patch; right carpal tunnel release and activity modifications. On 8-14-15, the injured worker complains of neck pain and headaches with 2 instances of severe headaches and right upper extremity pain. She notes that despite Cymbalta she is feeling very depressed for a couple months and does not feel like leaving the house; she notes an improvement in headaches with Topamax and neck pain has improved. Pain and range of motion of shoulder are improving with medications. Symptoms are noted to be similar to previous visits. Employment status is noted to be disabled. Physical exam performed on 8-14-15 revealed tenderness to palpation of cervical spine with stiffness and painful range of motion and tenderness to palpation of right wrist and thumb with restricted range of motion of right shoulder. The treatment plan included addition of Wellbutrin XL 150mg #30. On 8-18-15, a request for authorization was submitted for Norco 10-325mg #240, Topamax 100mg #60, Baclofen 10mg #120, Cymbalta 60mg #0, Tizanidine 4mg #15, Lidoderm patch #30 and Wellbutrin XL 150mg #30. On 8-26-15 a request for Lidoderm patch #30 and Wellbutrin XL 150mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 150mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD.

Decision rationale: The MTUS is silent on the treatment of major depressive disorder. Per the ODG guidelines with regard to antidepressants: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006) I respectfully disagree with the UR physician's denial based upon documentation that the injured worker's medication regimen has been beneficial and that pain has been rated 2/10. The requested medication is indicated for the injured worker's depression. The request is medically necessary.

Lidoderm patch #30: Overturned

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 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. Per the medical records, the injured worker was refractory to 3 neuropathic medications, duloxetine, tizanidine and topiramate. I respectfully disagree with the UR physician's assertion that the use of these medications obviates the need for lidoderm. Per citation above, the guidelines call for evidence of a trial of first-line therapy, not failure of first line therapy. The request is indicated for the injured worker's right upper extremity neuropathic pain. The request is medically necessary.

