MAXIMUS Federal Services

Case Number:	CM15-0196501		
Date Assigned:	10/12/2015	Date of Injury:	12/29/1995
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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 46 year old female, who sustained an industrial injury on 12-29-1995. The injured worker is undergoing treatment for: lumbago, thoracic disc degeneration, psychogenic pain. On 7-21-15, she reported thoracic back pain rated 4 out of 10, and sleep disturbance rated 7 out of 10 on a scale. She was given trigger point injections to the thoracic spine area on this date. Objective findings noted "there is some winging of the left scapular region, speech, cognition and memory are intact and she does not appear sedated per the provider's documentation. She is noted to have palpable trigger points over the left trapezius, levator and proximal rhomboid muscles. On 8-26-15, she reported thoracic back pain. Objective findings revealed normal lordotic curve of the back, and ability to touch toes without pain, pain is noted with rotation involving the thoracic spine, tenderness is noted at T3-T6. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the thoracic spine (6-22-15), medications, multiple physical therapy sessions, cortisone injections, marijuana, and psychotherapy, thoracic spine fusion (date unclear), massage. Medications have included: Norco, Lidocaine ointment, Fluoxetine. The records indicate she has been utilizing Fluoxetine since at least April 2015, possibly longer; and Lidoderm patches since at least May 2015, possibly longer. Current work status: unclear. The request for authorization is for: Lidocaine ointment 5 percent quantity 30; Fluoxetine 20mg tablets quantity 60 with 2 refills. The UR dated 9-30-2015: non-certified Lidocaine 5 percent quantity 30, and modified certification of Fluoxetine 20mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5%: Upheld

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

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

Decision rationale: The patient presents with back pain. The request is for LIDOCAINE 5%. The request for authorization is not provided. MRI of the thoracic spine, 06/22/15, shows status-post fusion at T4-5, fusion appears complete, no subluxation at any thoracic level; exaggerated kyphosis of the upper thoracic spine and mild thoracic levoscoliosis. Patient's diagnosis includes thoracic back pain. Physical examination of the back reveals pain with rotation involving the thoracic spine. Tender thoracic spinous processes especially T3-T6 and tender para spinous thoracic muscles. Patient's medications include Marijuana, Aleve, Fentanyl, Fluoxetine, Gabapentin, Lidoderm, Norco, and Prempro. The patient's work status is not provided. MTUS, Lidoderm (Lidocaine Patches) Section, pages 56, 57 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. Page 112 also states, Lidocaine indication: neuropathic pain; Recommended for localized peripheral pain. Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Lidoderm Patch on 05/18/15. MTUS guidelines state that Lidoderm Patches are appropriate for localized peripheral neuropathic pain. In this case, the patient presents with back pain. Lidoderm is not recommended for axial low back pain, which is axial and not peripheral. Lidoderm would not be indicated. Therefore, the request IS NOT medically necessary.

Fluoxetine 20 mg Qty 60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: The patient presents with back pain. The request is for FLUOXETINE 20 MG QTY 60 WITH 2 REFILLS. The request for authorization is not provided. MRI of the thoracic spine, 06/22/15, shows status-post fusion at T4-5, fusion appears complete, no subluxation at any thoracic level; exaggerated kyphosis of the upper thoracic spine and mild thoracic levoscoliosis. Patient's diagnosis includes thoracic back pain. Physical examination of the back reveals pain with rotation involving the thoracic spine. Tender thoracic spinous processes especially T3-T6 and tender para spinous thoracic muscles. Patient's medications include Marijuana, Aleve, Fentanyl, Fluoxetine, Gabapentin, Lidoderm, Norco, and Prempro. The patient's work status is not provided. Regarding Prozac (Fluoxetine), MTUS, Antidepressants for chronic pain Section page 13-15 states, Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Selective Serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on

noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Fluoxetine on 04/20/15. MTUS guidelines, page 60 requires recording of pain and function when medications are used for chronic pain. However, the treater does not discuss or document pain reduction or functional improvement in patient with use of Fluoxetine. Therefore, given the lack of documentation, the request IS NOT medically necessary.