

Case Number:	CM15-0202583		
Date Assigned:	10/21/2015	Date of Injury:	11/01/2006
Decision Date:	12/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 55 year old female who reported an industrial injury on 11-1-2006. Her diagnoses, and or impressions, were noted to include thoracolumbar musculoligamentous sprain-strain with right lower extremity radiculitis; lumbar disc bulge with protrusion and lumbar anterolisthesis, with facet osteoarthritis; and bilateral sacroiliac joint sprain with right piriformis syndrome. No imaging studies were noted. Her treatments were noted to include: bilateral sacroiliac joint injections and right piriformis muscle injection (1-19-15); medication management; and rest from work. The progress notes of 9-2-2015 were hand written and difficult to decipher, but noted to report: constant pain, rated 8 out of 10; bilateral sacroiliac (illegible), right > left; and an increase in bilateral sacroiliac (illegible); pain right > left; and that he was now interested in previously authorized (illegible) rhizotomy. The objective findings were noted to include: tenderness of the lumbar spine, right > left; sacroiliac (illegible); tenderness to the bilateral thoracic; positive sacroiliac (illegible); and positive Kemps. The physician's requests for treatment were noted to include refilling his medications. The progress notes of 5-18-2015 note a refill of Lidocaine Patches 5%, #30. A recent urine drug screen report was not specified in the records provided. The medication list includes Lidoderm patch and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, 300/30mg, quantity: 60: 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): Opioids, criteria for use.

Decision rationale: Request: Tylenol #3, 300/30mg, quantity: 60. This is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non-opioid medications (antidepressants/anticonvulsants), without the use of opioid, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Tylenol #3, 300/30mg, quantity: 60 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore, the requested treatment is not medically necessary.

Lidocaine patch 5%, quantity: 30: 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), Topical Analgesics.

Decision rationale: Lidocaine patch 5%, quantity: 30. MTUS Guidelines Chronic Pain Medical Treatment Topical Analgesics Lidoderm (lidocaine patch) page 56-57. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." Per the cited guidelines, "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. 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." Evidence of post herpetic neuralgia or diabetic neuropathy is not specified in the records provided, in this patient. Evidence of diminished effectiveness of oral medications was not specified in the records provided. Topical lidocaine is not recommended by MTUS in such a patient. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications is not specified in the records provided. The medical necessity of the request for medication Lidocaine patch 5%, quantity: 30 is not fully established.