

Case Number:	CM15-0020347		
Date Assigned:	02/10/2015	Date of Injury:	01/16/2004
Decision Date:	04/01/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/04/2015

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 59 year old male, who sustained a work related injury on 1/16/04. The diagnoses have included chronic pain syndrome, shoulder joint pain, degenerative intervertebral disc cervical spine, degenerative intervertebral disc lumbar spine, cervicgia, lumbago, sciatica and lumbosacral neuritis/radiculitis. Treatments have included shoulder surgery x 2 and medications. In the PR-2 dated 12/23/14, the injured worker complains of upper and lower extremity weakness. On 1/7/15, Utilization Review non-certified a requests for Lidoderm patches, Senokot S, Wellbutrin XL and Norco. The California MTUS, Chronic Pain Treatment Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Lidoderm.

Decision rationale: The patient presents with pain and weakness in his neck, shoulder, lower back and upper/ lower extremities. The request is for Lidoderm patch. The patient is currently taking Ambien, Norco, Flector patches, Senokot-S, Wellbutrin XL, Relpax and Lidoderm patches. MTUS guidelines page 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." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, 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. In this case, this patient has been utilizing Lidoderm patches since at least 08/22/14. None of the reports discuss how this medicine has been used with what efficacy. Although the patient does have neuropathic pain, there is no indication of this pain being localized, as required by MTUS guidelines. The treater does not state to which body parts the patches are to be applied. The treater does not indicate how many patches are being requested either. Therefore, the request IS NOT medically necessary.

Senokot S: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Opioid Induced Constipation Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opiates Page(s): 77.

Decision rationale: The patient presents with pain and weakness in his neck, shoulder, lower back and upper/ lower extremities. The request is for SENOKOT S. The patient is currently taking Ambien, Norco, Flector patches, Senokot-S, Wellbutrin XL, Relpax and Lidoderm patches. MTUS guidelines page 76-78 discusses prophylactic medication for constipation when opiates are used. In this case, this patient has been utilizing Senokot-S since at least 08/22/14. None of the reports discuss its efficacy. The patient has been taking opiates specifically Norco on a long term basis, since at least 02/04/14. The requested Senokot (Senna) appears reasonable. However, the treater requested for Senokot-S without the indication of amount. Therefore, the request IS NOT medically necessary.

Wellbutrin XL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin (Bupropion).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants, Bupropion, Medications for chronic pain Page(s): 13-15, 16, 60.

Decision rationale: The patient presents with pain and weakness in his neck, shoulder, lower back and upper/ lower extremities. The request is for Wellbutrin XL. The patient has been utilizing Wellbutrin XL since at least 02/04/14. The treater does not document how this medication is being used with what effectiveness. MTUS Guidelines regarding antidepressants page 13 to 15 states, "while bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low back pain." MTUS page 16 states for Bupropion "this is a second-generation non-tricyclic antidepressant - a noradrenaline and dopamine reuptake inhibitor- has been shown to be effective in relieving neuropathic pain." In this case, the patient suffers from chronic neck and low back pain and numbing in his upper/ lower extremities. The 08/22/14 progress report indicates that the patient has depression. This patient meets the indication for this medication as there is report of neuropathic pain and depression. The request of Wellbutrin XL appears reasonable. However, the treater does not discuss how this medication has been effective in managing this patient's pain and depression. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in his neck, shoulder, lower back and upper/ lower extremities. The request is for NORCO. The patient has been utilizing Norco since at least 02/04/14. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the review of the reports does not show any discussion specific to this medication other than the treater's request. The 4 A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Norco IS NOT medically necessary.