MAXIMUS Federal Services

Case Number:	CM15-0214820		
Date Assigned:	11/04/2015	Date of Injury:	09/04/2014
Decision Date:	12/15/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/02/2015

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: Arizona, 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:

The injured worker is a 51 year old male who sustained an industrial injury on 9-4-14. A review of the medical records indicates that the worker is undergoing treatment for low back pain secondary to industrial injury, left lower extremity radiculopathy most likely in an S1 distribution, myofascial pain syndrome primarily of the lumbar spine, sleep disorder, insomnia type, depression not otherwise specified, moderate without psychotic features, without suicidal or homicidal ideation and contracting for safety, and history of methamphetamine abuse and addiction, now in self-stated recovery with confirmation of absence of methamphetamine on repeated urine drug testing. The most recent urine drug screening notes Hydrocodone and Hydromorphone in the urine. It is noted, there seems to be a small amount of alcohol in the urine and that urine drug testing is not reliable for measuring the quantity consumed. No evidence of alcohol intoxication or withdrawal is reported and the physician notes there is the need for confirmation by breathalyzer test. It is also noted that the physician advised the worker that the expectation is to see a urine specimen that is free of alcohol. Subjective complaints (9-24-15) include reported benefit of the psychology visits. The worker reports analgesia and increased activities of daily living are derived from taking the medications. Objective findings (9-24-15) include he makes eye contact and is not engaging in any pain behaviors, mood is less depressed but would still be described as dysthmic, affect is mood congruent, and affect is not full. The requested treatment is Hydrocodone-APAP 10-325mg #84, Lyrica 50mg #168, Lidoderm Patches 5% #30, Trazadone 25mg #28, Orphenadrine ER 100mg #14, urine drug specimen at the next visit, and return for functional restoration program evaluation next week. Previous treatment includes Hydrocodone-APAP, Trazadone HCL, Lyrica, Orphenadrine Citrate, Lidoderm Patch, physical therapy, and cognitive behavioral therapy. On 10-13-15, the requested treatment of 84

tablets of Hydrocodone-Acetaminophen 10-325mg was modified to 19 tablets, 168 tablets of Lyrica 50mg was modified to 38 tablets and 30 Lidoderm Patches 5% was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

84 Tablets of Hydrocodone/Acetaminophen 10/325mg: 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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for an unknown length of time. There was no mention of Tylenol, or weaning failure. Pain scores were not noted. The claimant was on antidepressants, muscle relaxants, anti-epileptics and topical analgesics. Contribution of relief from Hydrocodone cannot be determined. The continued use of Hydrocodone is not medically necessary.

168 Tablets of Lyrica 50mg: 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): Pregabalin (Lyrica).

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnosis. The claimant had been on Lyrica along with other analgesics. There is no indication for continued use and the Lyrica is not medically necessary.

30 Lidoderm patches 5%: 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): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). Lidoderm has been designated

for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The claimant was on opioids, anti depressants and anticonvulsants without mention of their failure while given Lidoderm. The request for Lidoderm is not medically necessary.