

Case Number:	CM15-0217240		
Date Assigned:	11/09/2015	Date of Injury:	09/01/2012
Decision Date:	12/18/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/04/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 September 1, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having right brachial plexopathy with associated right shoulder adhesive capsulitis and associated pelvic pain with coccydynia. Treatment to date has included diagnostic studies, injection and medication. On October 5, 2015, the injured worker complained of severe right neck, shoulder and upper extremity pain. She was noted to continue to do poorly. Physical examination revealed tenderness to the cervical spine. There was severe right scalene tenderness with brachial plexus tinel with pain extending into the anterior chest wall and severe discomfort over the pectoralis minor. She had positive right Roos, Adson and costoclavicular abduction tests. Her right arm twitched with elevation and the elevation of the blood pressure cuff on her right arm elevation aggravated her headaches, neck and pelvic pain. This was noted to reflect further distention of the Batson venous plexus with engorgement because of decrease in right arm pooling. The injured worker was noted to be wearing a cervical collar. The treatment plan included bilateral brachial plexus MRI-MRA-MRV, right interscalene muscle block under ultrasound guidance, neurosurgical or vascular surgical consultation, renew Baclofen and remain on Nortriptyline for headaches. On October 19, 2015, utilization review denied a request for Lidoderm patch 5% #30, Nortriptyline 10mg #30 and Butrans patch 5mg #30. A request for Baclofen 10mg #30 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: Chronic Pain Medical Treatment Guidelines state "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics." ODG further details, "Criteria for use of Lidoderm patches:(a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. (i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." Medical documents provided do not indicate that the use would be for post-herpetic neuralgia. Additionally, treatment notes do not provide details of a neuropathic indication for the use of this medication as specified above. As such, the request for Lidoderm 5% patches #30 is deemed not medically necessary.

Nortriptyline 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, TCAs.

Decision rationale: Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. ODG states "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken." The available medical record notes that his medication is prescribed for headache prophylaxis, which is not an FDA approved indication. Further, tricyclics are only recommended by MTUS and ODG for use in neuropathic chronic pain and depression, the medical record does not provide evidence of neuropathic headache, which would warrant a trial of different first line medication if it were present. As such, the request for Nortriptyline 10mg #30 is deemed not medically necessary.

Butrans patch 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute (20th annual edition) 2015, Pain (chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics; Butrans.

Decision rationale: MTUS states that Suboxone, which is a brand name of the drug known as buprenorphine, is "recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." ODG states "Buprenorphine transdermal system (Butrans; no generics): FDA-approved for moderate to severe chronic pain. Available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr. See also Buprenorphine for treatment of opioid dependence." The ODG states that Suboxone is "recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." This IW is using this medication for chronic pain. However, there is no medical

documentation of any of the five conditions listed above which are the specific indications for using Suboxone instead of one of the first line agents. Therefore, the request for Butrans patch 5mg #30 is deemed not medically necessary.