MAXIMUS Federal Services

Case Number:	CM15-0042360		
Date Assigned:	03/12/2015	Date of Injury:	01/06/2012
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/06/2015

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, Hawaii
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 48 year old female, who sustained an industrial injury on January 6, 2012. The diagnoses have included multiple cervical spine disc herniations, lumbar spine herniation, cervical and lumbar radiculopathies, right shoulder subacromial bursitis, right elbow medial and lateral epicondylitis, right wrist arthralgia and non-steroidal anti-inflammatory drug induced gastritis. Treatment to date has included behavioral therapy, oral and topical medications, 24 sessions of physical therapy, 13 sessions of chiropractic care and 24 acupuncture sessions, magnetic resonance imaging lumbar spine on June 14, 2012, magnetic resonance imaging of cervical spine on June 14, 2014 and electrodiagnostic consultation on May 31, 2012. Currently, the injured worker complains of neck and back pain. In a progress note dated January 20, 2015, the treating provider reports examination revealed gait is mildly antalgic, decreased range of motion in cervical, thoracic and lumbar spines, decreased sensation C5, C6, C7 and C8 dermatomes on the right, decreases sensation L4, L5 and S1 dermatomes on right.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-13.

Decision rationale: The patient has a chronic history of neck and back pain along with associated pain and numbness in the lower extremities bilaterally. The current request is for Lidopro topical ointment #1. The attending physician has recommended topicals and patches as the patient has intolerance to many oral medications. The MTUS has this to say about topical analgesics, 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is indicated for Neuropathic pain. 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). 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-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Lidopro is a compounded topical analgesic ointment that consists of Capsaicin .0325% Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 2.7%. In this case, Lidocaine is recommended only for neuropathic pain when in the formulation of a dermal patch. No other forms of Lidocaine are recommended. Because any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, then Lidopro is not recommended. As such, Lidopro is not medically necessary.

Butrans Patch 10mcg trial: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient has a chronic history of neck and back pain along with associated pain and numbness in the lower extremities bilaterally. The current request is for Butrans Patch 10mcg trial. The attending physician notes that the patient was using Medrox patches and Lidopro prn with good relief. He notes that the patient had been on Tylenol, Norco, NSAIDs with severe GI upset. He notes that the patient prefers not to take oral medications for this reason. An internal medicine consult was requested. He prescribed topical Lidopro cream and requested a trial of Butrans patches 10mcg because the patient did not do well with oral medications previously. The attending physician discussed alternatives, risks, and complications.

The MTUS Guidelines state, "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain." ODG does recommend Butrans (Suboxone) as an option for treatment of chronic pain in selected patients. Also, it is suggestive for patients with hyperalgesic component to pain, centrally mediated pain, patients with neuropathic pain, patients at high risk of non-adherence with standard opiate maintenance, for analgesia in patients who have previously been detoxified from other high-dose opioids. Butrans patch contains buprenorphine, an opiate pain medication, used to treat moderate to severe chronic pain. In this case, the patient was taken off all oral medications because of GI events. The patient did not want to try other non-opiate oral medications due to the GI events. A trial of Butrans patches was recommended to see how the patient would respond. A trial of Butrans patches is recommended by MTUS and appears to be appropriate in this case. The available medical records establish medical necessity and as such, recommendation is for approval. Therefore, the request is medically necessary.