MAXIMUS Federal Services

Case Number:	CM15-0048952		
Date Assigned:	03/23/2015	Date of Injury:	01/12/2012
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 42 year old female who sustained an industrial injury on 01/12/2012. She reported pain in the neck and low back. The injured worker was diagnosed as having neck and low back pain, later diagnosed as Facet arthropathy at L5-S1, herniated nucleus pulposus of the lumbar spine; cervical radiculopathy; chronic pain syndrome; right lumbar radiculopathy. Treatment to date has included lumbar facet injections, acupuncture, chiropractic therapy, physical therapy non-steroidal anti -inflammatory medications and narcotic pain medications. Currently, the injured worker complains of pain in the neck and low back with radicular symptoms in the right leg and foot. The treatment plan is a cervical epidural steroid injection, a therapeutic rhizotomy to bilateral L5-S1 facets, a prescription for her current pain medications, and urine drug screening. A request for authorization was made for Lidopro topical ointment, and acetaminophen with codeine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Ointment #1 NDC 53225102201: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 111-112.

Decision rationale: Per MTUS: Lidocaine Indication: 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-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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) 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. (Scudds, 1995) As per cited guidelines, topical formulations of Lidocaine, aside from lidocaine patch, would not be recommended. Furthermore, there is no evidence that the patient had issues with neuropathic pain. The requested treatment is not medically necessary.

(Acetaminophen) APAP W Codeine 300-30MG #120 NDC 65162003311: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 35,74,92-93,124-127.

Decision rationale: Per MTUS: CodeineRecommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain.Adverse effects: Common effects include CNS depression and hypotension. Drowsiness and constipation occur in > 10% of cases. Codeine should be used with caution in patients with a history of drug abuse. Tolerance as well as psychological and physical dependence may occur. Abrupt discontinuation after prolonged use may result in withdrawal. (AHFS Drug Information, 2008) (Clinical Pharmacology, 2008) (Lexi-Comp, 2008) Pure-agonists: include natural and synthetic opioids such as morphine sulfate (MS Contin), hydromorphone (Dilaudid), oxymorphone (Numorphan), levorphanol (Levo-Dromoran), codeine (Tylenol w/Codeine 3), hydrocodone (Vicodin),

oxycodone (OxyContin), methadone (Dolophine HCl), and fentanyl (Duragesic). This group of opioids does not have a ceiling effect for their analgesic efficacy nor do they antagonize (reverse) the effects of other pure opioids. (Baumann, 2002) Morphine is the most widely used type of opioid analgesic for the treatment of moderate to severe pain due to its availability, the range of doses offered, and its low cost. This medication is recommended for short term usage. It would not be indicated for a patient who has chronic pain issues, such as this one. A process of weaning should be initiated. The request is not medically necessary.