

Case Number:	CM15-0059494		
Date Assigned:	04/06/2015	Date of Injury:	06/05/1989
Decision Date:	05/28/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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, Arizona
 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 74-year-old male injured worker suffered an industrial injury on 06/05/1989. The mechanism of injury was not provided. The diagnoses included cervical failed back surgery, cervical radiculopathy, cervical fusion, chronic pain, failed lumbar back surgery syndrome with radiculopathy and depression. The diagnostics included thoracic, lumbar computerized tomography. The injured worker had been treated with intrathecal pain pump and medications. On 3/11/2015, the treating provider reported low back pain radiating down both legs with tingling constantly along with muscle weakness. The pain was 3 to 4/10 with medications and 7 to 9/10 without medications and improved since last visit. The caregivers report more depressed, low motivations and low energy. The treatment plan included psychiatrist evaluation and treatment, Lyrica, Lidoderm patch, and Tramadol. The injured worker was monitored for aberrant drug behavior through CURES reporting.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 psychiatrist evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations; Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety or irritability. The clinical documentation submitted for review indicated the injured worker had signs and symptoms of depression. However, the decision to treat the injured worker would not be supported without the evaluation and recommendations first. Given the above, the request for 1 psychiatrist evaluation and treatment is not medically necessary.

Lyrica 150mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Lyrica (pregabalin); Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS guidelines recommend anti-epilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 %-50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain. However, there was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lyrica 150 mg #120 is not medically necessary.

Lidoderm patch 5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of Lidoderm patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines indicate that topical lidocaine (Lidoderm) 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to provide documentation of a trial and failure of first line therapy. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as

submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidoderm patch 5% #30 is not medically necessary.

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. There was documentation of objective pain relief. However, there was a lack of documentation indicating the injured worker was being monitored for side effects and had objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 50 mg #120 is not medically necessary.