

Case Number:	CM15-0078475		
Date Assigned:	04/29/2015	Date of Injury:	05/13/2002
Decision Date:	08/21/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/24/2015

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: New York
 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:

This 46-year-old male sustained an industrial injury to the back and leg on 5/13/02. Recent treatment included medications and home exercise. In a PR-2 dated 3/31/15, the injured worker complained of left upper back, right lower back and right leg pain rated 8-9/10 on the visual analog scale. The injured worker also complained of headache, joint pain and stiffness, muscle aches, anxiety, depression and difficulty sleeping. Current diagnoses included low back pain, chronic pain syndrome, cervicobrachial syndrome and shoulder joint pain. The treatment plan included continuing medications (Lidoderm patch, Lyrica, Trazodone, Amrix Er, Cymbalta, Levitra, Norco, Zantac and Senna), requesting authorization for a psychological evaluation and a sleep study and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches 2 daily 60 per 30 days refill: 2: Upheld

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

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

Decision rationale: Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Per guidelines, further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Physician reports fail to demonstrate supporting evidence of significant improvement in the injured worker's pain to justify continued use of Lidoderm patch. The request for Lidoderm 5% patches 2 daily 60 per 30 days refill: 2 are not medically necessary by lack of meeting MTUS criteria.

Lyrica 50mg BID 60 per 30 days refill: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Pregabalin (Lyrica).

Decision rationale: ODG recommends Lyrica (Pregabalin), an anti-convulsant, for treatment of neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica has been FDA approved for the treatment of diabetic neuropathy, Fibromyalgia and postherpetic neuralgia. It has also been approved for neuropathic pain associated with spinal cord injury. The injured worker is diagnosed with chronic pain syndrome. Documentation fails to show significant improvement in pain or level of function to support the medical necessity for continued use of Lyrica. The request for Lyrica 50mg BID 60 per 30 days refill: 2 are not medically necessary per guidelines.

Norco 10/325 1-2 Q4-6 hours 210 per 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic back and right leg pain. Documentation fails to demonstrate adequate improvement in pain or level of function to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10/325 1-2 Q4-6 hours 210 per 30 days is not medically necessary.

Ranitidine 150mg 1QD 30 per 30 days refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>.

Decision rationale: Ranitidine is in a class of medications called H2 blockers that work by decreasing the amount of acid made in the stomach. Ranitidine is used to treat conditions including ulcers and gastroesophageal reflux disease. Documentation does not support that the injured worker has a gastrointestinal condition, or is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Ranitidine. The request for Ranitidine 150mg 1QD 30 per 30days refills: 2 are not medically necessary per MTUS guidelines.

Senokot-S TID 90 per 30 days refill: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/>.

Decision rationale: Senokot-S is a nonprescription laxative used to treat constipation and to clear the bowel before diagnostic tests such as colonoscopy. Being that the continued use of Opioids has not been recommended for this injured worker, the use of Senokot-S to treat opioid- induced constipation is no longer indicated. The request for Senokot-S TID 90 per 30days refill: 2 are not medically necessary.

Levitra/Viagra: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/>.

Decision rationale: Levitra and Viagra are used to treat erectile dysfunction (impotence; inability to get or keep an erection) in men. Documentation provided for review shows that the injured worker is diagnosed with erectile dysfunction with normal Testosterone level. There is no report to support that the use of Levitra or Viagra is related to the current work-related conditions. The medical necessity for the use of these drugs is not established. The request for Levitra/Viagra is not medically necessary.