

Case Number:	CM14-0133131		
Date Assigned:	08/25/2014	Date of Injury:	06/20/2011
Decision Date:	09/25/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43-year-old female who has submitted a claim for chronic pain syndrome associated with an industrial injury date of June 20, 2011. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating to the left groin down to the leg, bilateral hip pain, and left knee pain. Pain was rated 7/10. There is numbness and tingling in the left upper back going to the left axilla. Increase in bilateral foot numbness was also reported. Current pain medications include Norco, Lidoderm patches, Topamax and Cymbalta. Norco has helped improve function, and Lidoderm patch have helped decrease some of her pain symptoms. Progress report dated August 8, 2014 show that gabapentin was discontinued due to adverse effect of weight gain, and was switched to Topamax for trial. She has also attended cognitive behavioral therapy sessions with noted improvement in depression and anxiety. Physical examination showed mild to moderate spasms of bilateral trapezius muscles; spasms over the lower lumbar spine; severe left hip pain with limitation of motion on flexion and extension due to pain; and decreased sensation over the left anterior thigh. The diagnoses were chronic pain syndrome, chronic lower extremity neuropathy, chronic hip and thigh sprain, and chronic lumbar sprain/strain. Treatment to date has included tramadol, Vicodin, Norco, Lidoderm patch, Cymbalta, Gralise, physical therapy, home exercises, chiropractic therapy, left knee surgery, left hip and thigh cortisone injections, and cognitive behavioral therapy. Utilization review from August 18, 2014 denied the requests for Lidoderm patch 5% #60 and Topamax 25mg #120 because there was no clear detail provided as to what specific overall functionality has been achieved with this medication; Cymbalta 60mg #30 because there was no mention of a specific objective depression, fibromyalgia, or diabetic neuropathy; and Norco 5/325 #90 because there was no clear detail provided as to what specific overall functionality has been achieved with this medication, and whether it is prescribed for short-term only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics, Lidocaine Page(s): 56-57; 112.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, 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). In this case, patient complained of neuropathic pain and has tried gabapentin and Cymbalta. Lidoderm was used as far back as November 2013 and has helped decrease some of her pain symptoms. The medical necessity has been established. Therefore, the request for Lidoderm patch 5%, sixty count is medically necessary.

Cymbalta 60 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13, 15, and 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15-16.

Decision rationale: Page 15-16 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off-label for neuropathic pain and radiculopathy. In this case, patient was noted to have neuropathic pain, anxiety and depression. She has been taking Cymbalta as far back as April 2014. However, there was no evidence of overall pain improvement and functional gains directly attributed to its use. The medical necessity has not been established. There was no compelling rationale for continued use of this medication. Therefore, the request for Cymbalta 60 mg, thirty count is not medically necessary.

Norco 5/325 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, page 91, Weaning of Medications, page 124, and the Opioids for Chronic Pain section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, patient has been on Norco as far back as December 2013. However, there was no objective evidence of continued analgesia and functional improvement directly attributed with its use. Moreover, there was no documentation that patient has returned to work. The guideline requires documentation of functional and pain improvement as well as return to work for continued opioid use. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Norco 5/325 mg, ninety count is not medically necessary.

Topamax 25 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Anti-Epileptic Drugs Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Other Antiepileptic Drugs: Topiramate (Topamax, no generic available) Page(s): 16; 21.

Decision rationale: As stated on page 16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain. Page 21 states that Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, patient was previously on gabapentin (Gralise) but was switched to Topamax due to the latter's adverse effect of weight gain. However, there was no documentation of weight issues based on the medical records submitted. Also, previous and current weight of the patient were not mentioned. The medical necessity cannot be established due to lack of evidence of gabapentin failure. Therefore, the request for Topamax 25 mg, 120 count is not medically necessary.