

Case Number:	CM14-0133254		
Date Assigned:	08/22/2014	Date of Injury:	07/26/1998
Decision Date:	09/25/2014	UR Denial Date:	08/16/2014
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:

This is a 63-year-old female with a 7/26/98 date of injury. The mechanism of injury was not noted. According to a progress report dated 8/5/14, the patient reported increased pain and spasms of the neck that have spread to the cervical spine from her lower back. The patient had increased neuralgia in the legs without the use of Lidoderm patches. She reported improving activities of daily living and being able to perform volunteer activities due to the use of her opioid medications. Objective findings: mild muscle spasm in left levator scapulae muscles, pain with palpation over right trapezius area, moderate paravertebral spasm was moderate, pain over the SI joints with palpation, tenderness and muscle spasm in the left posterior thoracic region. Diagnostic impression: chronic neck pain, chronic lumbar sacral pain, residual of left total hip replacement in 2007. Treatment to date: medication management, activity modification, surgery. A UR decision dated 8/16/14 denied the requests for Lidoderm patch and Lyrica and modified the request for Oxycontin 20 mg from 120 tablets to 60 tablets. Regarding Oxycontin, the current dose, along with the patient's Ultram and Butrans use, exceeds the guideline recommended MED. Regarding Lidoderm patch, there is no indication in the available records of a diagnosis of post-herpetic neuralgia. This medication is only FDA approved for the treatment of post-herpetic neuralgia. Regarding Lyrica, there is no clear diagnosis or indication of neuropathic pain in this case. Furthermore, the patient has used this medication in the past. A prior request for continuation of Lyrica was non-certified due to that lack of a good clinical response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm.

Decision rationale: CA MTUS states that 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). There should be documentation of a successful trial of Lidoderm patches, as well as a discussion of functional improvement, including the ability to decrease the patient's oral pain medications. The documentation provided does not provide this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Therefore, the request for Lidoderm patch 5% #30 was not medically necessary.

Lyrica 100 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

Decision rationale: MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. It is noted that the patient has increased neuralgia in the legs without the use of Lidoderm patches. Guidelines support the use of Lyrica as a first-line agent for neuropathic pain. Therefore, the request for Lyrica 100 mg #30 was medically necessary.

Oxycontin 20 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient is concurrently taking Tramadol and using Butrans patches. The combined MED from the patient's Oxycontin and Tramadol use is 200. Guidelines do not support high MED opioid therapy due to the risk of adverse effects, such as sedation. Therefore, the request for Oxycontin 20 mg #120 was not medically necessary.