

Case Number:	CM14-0148303		
Date Assigned:	09/18/2014	Date of Injury:	01/23/2012
Decision Date:	10/16/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/11/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old male with a 1/23/12 date of injury. At the time (8/8/14) of request for authorization for Lidoderm patch 5%, # 30 and Trazadone 50 mg # 60, there is documentation of subjective (neck and lower back pain) and objective (tenderness over the cervical and lumbar paravertebral muscles with spasm, decreased cervical and lumbar range of motion, positive bilateral lumbar facet loading, and decreased sensation over posterior thigh and bilateral C6 dermatomes) findings, current diagnoses (lumbar facet syndrome, low back pain, cervical facet syndrome, cervical pain, and cervical disc disorder), and treatment to date (medications (including ongoing treatment with Lidoderm patch and Trazadone since at least 4/11/14) and epidural steroid injections). Medical report identifies that the patient has difficulty in sleeping. In addition, medical report identifies that medications provided some pain relief. Regarding Lidoderm patch, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm patch use to date. Regarding Trazadone, there is no documentation of insomnia with potentially coexisting mild psychiatric symptoms (depression or anxiety; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Trazadone use to date.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) Page(s): 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar facet syndrome, low back pain, cervical facet syndrome, cervical pain, and cervical disc disorder. In addition, there is documentation of neuropathic pain and ongoing treatment with Lidoderm patch. However, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. In addition, despite documentation that Lidoderm patch provided some pain relief, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm patch 5%, # 30 is not medically necessary.

Trazadone 50 mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (SELECTIVE SEROTONIN REUPTAKE INHIBITORS) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Trazodone (Desyrel) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of insomnia with potentially coexisting mild psychiatric symptoms (such as depression or anxiety), as criteria necessary to support the medical necessity of Trazodone (Desyrel). Within the medical

information available for review, there is documentation of diagnoses of lumbar facet syndrome, low back pain, cervical facet syndrome, cervical pain, and cervical disc disorder. In addition, there is documentation of neuropathic pain and ongoing treatment with Trazodone. However, despite documentation that the patient has difficulty in sleeping, there is no documentation of insomnia with potentially coexisting mild psychiatric symptoms (depression or anxiety). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Trazadone use to date. Therefore, based on guidelines and a review of the evidence, the request for Trazadone 50 mg # 60 is not medically necessary.