

Case Number:	CM13-0037943		
Date Assigned:	12/18/2013	Date of Injury:	03/31/2007
Decision Date:	08/20/2015	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/24/2013

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
 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 injured worker is a 43 year old female, who sustained an industrial injury on 3/31/2007. She reported gradual onset of pain in her cervical spine, upper back and left shoulder. Diagnoses have included cervical spondylosis without myelopathy, cervical post-laminectomy syndrome, brachial neuritis not otherwise specified and continuous opioid type dependence. Treatment to date has included magnetic resonance imaging (MRI), cervical fusion, physical therapy, acupuncture and medication. According to the progress report dated 7-17-2013, the injured worker complained of neck pain. Review of systems was positive for migraine headaches. Physical exam revealed decreased range of motion of the back. There was tenderness to palpation in the lumbar paraspinal area. The injured worker was awaiting a neuropsych evaluation for spinal cord stimulator trial. Authorization was requested for Cymbalta, Fentanyl patches, Lidoderm patches, Percocet, Robaxin, Topamax and Trazadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches.

Decision rationale: The patient presents with pain in the neck, upper back and right arm. The request is for LIDODERM 5% PATCH, #60. Patient is status post cervical spine surgeries, dates unspecified. Physical examination to the cervical spine on 05/20/13 revealed tenderness to palpation and decreased range of motion. Per 07/07/13 progress report, patient's diagnosis includes cervical spondylosis without myelopathy, post laminectomy synd cervical, brachial neuritis/radiculitis nos, opioid type dependence continuous. Patient's medications, per 07/19/13 progress report include Zofran, Fentanyl Transdermal System, Robaxin, Lidoderm Patch, and Percocet. Patient's work status was not specified. MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermalpatch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain." When reading ODG guidelines, it specifies that Lidocaine patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The treater does not discuss this request. Patient has received prescriptions for Lidoderm Patch from 04/30/13 and 08/27/13. However, the treater has not discussed how this medication specifically helps in pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, there is no documentation of localized peripheral neuropathic pain for which this product is indicated. The request does not meet guideline recommendations and therefore, it IS NOT medically necessary.

ROBAXIN 750MG, #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain in the neck, upper back and right arm. The request is for ROBAXIN 750 MG, #240. Patient is status post cervical spine surgeries, dates unspecified. Physical examination to the cervical spine on 05/20/13 revealed tenderness to palpation and decreased range of motion. Per 07/07/13 progress report, patient's diagnosis includes cervical spondylosis without myelopathy, post laminectomy synd cervical, brachial neuritis/radiculitis nos, opioid type dependence continuous. Patient's medications, per 07/19/13 progress report include Zofran, Fentanyl Transdermal System, Robaxin, Lidoderm Patch, and Percocet. Patient's work status was not specified. MTUS page 63-66 Muscle relaxants (for pain) states recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBPMTUS page 63-66 under

ANTISPASMODICS for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Patient has been dispensed Robaxin from 04/30/13 and 08/27/13. MTUS guidelines recommend non-sedating muscle relaxants for short-term use. Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, the request for quantity 240 tablets does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

TOPAMAX 100MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax), anti-epileptic drugs for chronic pain, Medications for chronic pain Page(s): 21, 16-17, 60.

Decision rationale: The patient presents with pain in the neck, upper back and right arm. The request is for TOPAMAX 100 MG, #60. Patient is status post cervical spine surgeries, dates unspecified. Physical examination to the cervical spine on 05/20/13 revealed tenderness to palpation and decreased range of motion. Per 07/07/13 progress report, patient's diagnosis includes cervical spondylosis without myelopathy, post laminectomy synd cervical, brachial neuritis/radiculitis nos, opioid type dependence continuous. Patient's medications, per 07/19/13 progress report include Zofran, Fentanyl Transdermal System, Robaxin, Lidoderm Patch, and Percocet. Patient's work status was not specified. MTUS Guidelines page 21, "Topiramate (Topamax) 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 anti-convulsants have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." In this case, the patient does have evidence of neuropathic pain. Review of the medical records provided do not indicate prior use of this medication and a trial of the requested Topmax appears to be reasonable for the patient's neuropathic pain. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. Review of the reports do not mention why the treater is prescribing this medication and what other medications have been tried. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.