

Case Number:	CM14-0216179		
Date Assigned:	01/06/2015	Date of Injury:	06/05/1995
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular 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 75 year old male sustained an industrial related injury on 06/05/1995. The results of the injury and initial diagnoses were not provided. Per the progress report (PR) (11/12/2014), the injured worker's subjective complaints included chronic low back and left leg pain with numbness and tingling. Objective findings on this report included normal inspection without deformity of the lumbar spine and tenderness to palpation of the paraspinals. Range of motion (ROM) included: forward flexion of 40, hyperextension 10, and right and left lateral bend at 15. The injured worker was noted to have an antalgic gait, abnormal posture with decompensation in the sagittal plane, no paraspinal muscle spasm, and mildly decreased strength in the left lower extremity (4+/5 throughout). The sensory exam showed decreased sensation to pin prick at the left L4, left L5, and left S1, with no sensory loss to light touch. Reflexes were noted to be 2+ and symmetric with no pathological reflexes. Clonus was absent, and pulses were normal in the bilateral upper and lower extremities. Treatment to date has included conservative care, L4-S1 fusion (1996), spinal cord stimulator (SCS) placement (12/07/2011) with lead revision (10/07/2013), and medications. Diagnostic testing has included a MRI of the lumbar spine (11/10/2014) showing adjacent segment disease with moderate right NFM at L2-3 and L3-4 and facet hypertrophy at these levels. Current diagnoses include status post SCS implant, post laminectomy syndrome lumbar region, and lumbago. The Lidoderm patches, Tylenol #3, and Levitra were requested for the treatment of ongoing pain, failed low back surgery syndrome, myofascial pain and headaches. Treatments in place around the time the medications were requested included medications, moist heat and home stretching program. A lumbar epidural

steroid injection was also recommended per the PR-2 (11/12/2014). The injured worker reported pain was unchanged, but noted some relief with the use of Gabapentin. Functional deficits and activities of daily living were improved with medications. Work status was not discussed. Dependency on medical care was unchanged. On 11/25/2014, Utilization Review non-certified a request for Lidoderm patches #30 with two (2) refills which was requested on 11/05/2014. The Lidoderm patches were non-certified based on the recommendation of this medication regimen for localized peripheral pain after evidence of first-line therapy and not as a first-line option. Also, there is insufficient research for the recommended use for chronic pain. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Lidoderm patches #30 with two (2) refills. On 11/25/2014, Utilization Review modified a request for Tylenol #3 30/300mg #60 with two (2) refills which was requested on 11/05/2014. The Tylenol #3 30/300mg #60 with two (2) refills was modified to one (1) prescription for Tylenol #3 30/300mg #60 without refills based on the lack of ongoing assessment of opioid use and insufficient evidence of functional improvement. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the modification of Tylenol #3 30/300mg #60 with two (2) refills. On 11/25/2014, Utilization Review non-certified a request for Levitra 10mg with two (2) refills which was requested on 11/05/2014. The Levitra 10mg with 2 refills was non-certified based on the absence of recent subjective or objective findings consistent with sexual dysfunction, and the absence of documentation regarding the efficacy, side effects or change in health status associated with this medication. The National Guideline Clearinghouse guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Levitra 10mg with two (2) refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches, thirty count with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 ? 9792.26 Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: Lidoderm patches, thirty count with two refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line

therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons the request for Lidoderm Patches is not medically necessary

Tylenol #3 30/300 mg, sixty count with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Tylenol with Codeine; generic available)On-Going Management Page(s): 78-80.

Decision rationale: Tylenol #3 30/300 mg, sixty count with two refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient has had no significant functional improvement and continues to have pain despite long term opioid use. The request for Tylenol #3 30/300 mg, sixty count with two refills is not medically necessary .

Levitra 10 mg, ten count with two refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.guideline.gov/content.aspx?id=45322&search=levitra>

Decision rationale: Levitra 10 mg, ten count with two refills is not medically necessary per a review of the National Clearinghouse Guidelines. The MTUS and ODG do not discuss Levitra. The National Clearinghouse Guidelines states that Levitra can be used for erectile dysfunction. The recent documentaton does not reveal discussion of erectile dysfunction or efficacy of prior Levitra use. Therefore, the request for Levitra is not medically necessary.