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| Case Number: | CM14-0217606 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 06/15/2000 |
| Decision Date: | 03/03/2015 | UR Denial Date: | 12/23/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 56 year old worker has a date of injury 06/15/2000. The injured worker (IW) 's treating diagnoses include chronic pain, lumbar post laminectomy syndrome, cervical disc degeneration and myalgia. From pre-operative examination records of 10/14/2014, the IW has a past medical history of high blood pressure and renal disease secondary to taking antifreeze 2 years prior. With subsequent dialysis until his kidneys were functioning. His past surgical history includes 6 lumbar surgeries including a laminectomy with fusion and placement of a neural stimulator lumbar spine. His medications included Morphine ER and IR, Valium, trazodone, Norvasc, metoprolol, Levilactam, rena-Vite, iron, Lidoderm patch and omeprazole. According to the peer report, he was seen by a pain management specialist for chronic neck pain and headaches as well as arm pain/numbness and low back pain with left- greater- than -right leg pain. On the records of 10/27/2014, it is noted that the IW had diagnoses of a prior posterior lumbar interbody fusion with retained painful hardware and was admitted for removal of the hardware, inspection of the fusion mass, and grafting of the screw holes left from the removed hardware. It was noted at discharge that the IW has a permanent indwelling Foley catheter due to strictures of the urethra. The Foley catheter is changed on a monthly basis. The IW's condition was considered permanently totally disabled. ON 12/18/2014, a request for authorization was made for MS Contin 60mg #90, Lidoderm, Lexapro 10mg #30 and Colace. The physician issuing the peer review report dated 12/18/2014 reviewed the request for authorization (ROA), the [REDACTED] referral sent to MES dated 12/18/2014, and follow-up visit dated notes dated 12/15/2014. This ROA and the follow up visit notes are not included in the medical records. Attempts were made

on 12/19/2014 and on 12/22/2014 to speak with the physician that wrote the ROA. In the UR Utilization Review letter dated 12/18/2014, the physician reviewer denied the request for MS Contin 60mg #90 citing California Medical Treatment Utilization Schedule (CA-MTUS) Opioids/ongoing management. The request for Lidoderm was found to be not medically necessary based on the lack of indications for localized neuropathic pain. CA-MTUS Topical Lidocaine was cited. Based on review of submitted medical documents, the peer reviewer found Lexapro 10mg #30 to be not medically necessary citing CA-MTUS, Serotonin reuptake inhibitors. The request for Colace was authorized. Application for Independent Medical Review (IMR) was made on 12/29/2014 requesting review of the denial of MS Contin 60mg #90, Lidoderm, and Lexapro 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. The submitted medical record includes the time period immediately preceding the injured worker's latest lumbar surgery on 10-17-2015 and the hospital course following the surgery. There are no medical records following hospital discharge. There are, therefore, no records indicating pain levels with and without medication, descriptions of functionality, or any indication that monitoring for aberrant drug taking behavior is occurring. Consequently, the criteria for chronic opioid therapy have not been documented or the medical record does not reflect such. Therefore, MS Contin 60mg #90 is not medically necessary with reference to the cited guidelines and in view of the submitted medical record. This is not to suggest that no opioids are appropriate. The treating physician should consult available guidelines for weaning.

Lidoderm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patch Page(s): 56-57.

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In this instance, the request for lidoderm does not specify a quantity. Additionally, there is no evidence that an adequate of gabapentin had been tried. The dose of gabapentin started in the hospital post-operatively was relatively low. No follow up documentation was available for review. Therefore, Lidoderm was not medically necessary as requested.

Lexapro 10mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress

Decision rationale: Anti-depressants are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. In this instance, the injured worker has a clearly documented, long-standing history of depression. In fact, he has a history of a suicide attempt in 2012. Lexapro is a preferred anti-depressant on the available drug formulary. Therefore, Lexapro 10 mg #30 is medically necessary.