

Case Number:	CM14-0086424		
Date Assigned:	07/23/2014	Date of Injury:	03/16/2010
Decision Date:	09/28/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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: 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 54 year old male, who sustained an industrial injury on 3-16-10. He reported pain in his neck and back. The injured worker was diagnosed as having cervicobrachial syndrome, lumbar disc displacement without myelopathy and lumbago. Treatment to date has included acupuncture x 8 sessions with some relief, aquatic therapy x 8 sessions and physical therapy. Current medications include Naproxen, Vytorin and Cymbalta since at least 2-7-13 and Lidocaine-Prilocaine cream since at least 6-27-13. On 10-14-13 the injured worker rated his pain a 6-7 out of 10 without medications and a 2-3 out of 10 with medications. As of the PR2 dated 3-26-14, the injured worker reports pain in his back, neck and left limb weakness. He rates his pain a 4 out of 10 at best and a 9 out of 10 at worst. Objective findings include no cervical lordosis and tenderness and spasms in the cervical paravertebral muscles. The treating physician administered a trigger point injection to the cervical paraspinal muscles at the visit. The treating physician requested Lidocaine-Prilocaine cream 2.5-2.5%, Vytorin 10-40mg and Cymbalta 60mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine-Prilocaine cream 2.5-2.5% (apply to affected area 3 times per day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC30485837> and Official Disability Guidelines, Pain (updated 11/14/2013), Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Based on the 10/14/13 progress report provided by the treating physician, this patient presents with low back pain rated 6-7/10 on VAS scale, which comes down to 2-3/10 after taking medication. The treater has asked for Lidocaine- Prilocaine cream 2.5-2.5% (apply to affected area 3 times per day) but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient does not have a surgical history per review of reports. The patient's neck pain is now stable per 10/14/13 report. The patient's current medications include Cymbalta, Naproxen, Lidocaine cream, and Vytorin per 1/16/14 report. The patient is currently on a home exercise program per 10/14/13 report. The patient is currently not working per 10/14/13 report, and is permanent and stationery/MMI per 1/16/14 report. MTUS, Topical Analgesics section, pg. 111: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) MTUS, Topical Analgesics section under Lidocaine, pg. 112: 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 dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The treater does not discuss this request in the reports provided. In this case, the patient is currently using Lidocaine cream and has been using it since 6/27/13 report. However, MTUS guidelines do not support any formation of topical Lidocaine other than a patch. Hence, the request is not medically necessary.

Vytorin 10-40mg (1 tablet every day): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Diabetes (updated 02/20/2014), Simvastatin and Statins.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Diabetes under Statins.

Decision rationale: Based on the 10/14/13 progress report provided by the treating physician, this patient presents with low back pain rated 6-7/10 on VAS scale, which comes down to 2-3/10 after taking medication. The treater has asked for Vytorin 10-40mg (1 tablet every day) but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient does not have a surgical history per review of reports. The patient's neck pain is now stable per 10/14/13 report. The patient's current medications include Cymbalta, Naproxen, Lidocaine cream, and Vytorin per 1/16/14 report. The patient is currently on a home exercise program per 10/14/13 report. The patient is currently not working per 10/14/13 report, and is permanent and stationery/MMI per 1/16/14 report. MTUS and ACOEM Guidelines are silent on this issue. ODG Guidelines, chapter Diabetes under Statins: Not recommended as a first-line treatment for diabetics. Patients with DM should be screened for dyslipidemia, and therapeutic recommendations should include lifestyle changes and, as needed, consultation with a registered dietitian. Statins may be a treatment in the absence of contraindications, but recent studies have associated increased risk of DM with use of all types of statins. Statin use in postmenopausal women is associated with a significantly increased risk of diabetes mellitus, according to data from the Women's Health Initiative, with a 48% increased risk of diabetes among the women taking these lipid-lowering medications. The patient was taking Vytorin since 2/7/13 report and in 5 reports from 2/7/13 to 1/16/14, but the efficacy is not mentioned. Medical records do not show that the patient has a history of diabetes. ODG guidelines do not recommend this medication as a First line, 1st choice for diabetes. As the medical necessity of the medication is not established, the request is not medically necessary.

Cymbalta 60mg (1 capsule at night): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRI's) Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Chronic pain Page(s): 16-17.

Decision rationale: Based on the 10/14/13 progress report provided by the treating physician, this patient presents with low back pain rated 6-7/10 on VAS scale, which comes down to 2-3/10 after taking medication. The treater has asked for Cymbalta 60mg (1capsule at night) but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient does not have a surgical history per review of reports. The patient's neck pain is now stable per 10/14/13 report. The patient's current medications include Cymbalta, Naproxen, Lidocaine cream, and Vytorin per 1/16/14 report. The patient is currently on a home exercise program per 10/14/13 report. The patient is currently not working per 10/14/13 report, and is permanent and stationery/MMI per 1/16/14 report. MTUS Anti-depressants for Chronic pain section, page 16-17: Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. MTUS, Medications for Chronic Pain, pg. 60: Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures

of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The patient has been taking Cymbalta as early as 2/7/13 report, and also in 4 subsequent reports from 6/27/13 to 1/16/14. The treater states in 2/7/13 report that "Cymbalta helps him to improve overall pain, mood and sleep". However, treater has not documented analgesia or functional improvements attributed to this medication in subsequent reports. MTUS guidelines required documentation of analgesia and functional improvement to substantiate continued use of medications when used for pain, and none is provided. Therefore, the request is not medically necessary.