| Case Number: | CM14-0091973 | | |
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| Date Assigned: | 07/25/2014 | Date of Injury: | 03/31/2008 |
| Decision Date: | 06/09/2015 | UR Denial Date: | 06/07/2014 |
| Priority: | Standard | Application Received: | 06/18/2014 |

## 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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 36-year-old who has filed a claim for complex regional pain syndrome (CRPS), ankle pain, and foot pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of March 31, 2008. In a Utilization Review report dated June 7, 2014, the claims administrator partially approved a request for Norco, denied a request for Lidoderm patches, and denied a request for Lamictal. The claims administrator a June 3, 2014 progress note and associated June 4, 2014 RFA form in its determination. The applicant's attorney subsequently appealed. On November 19, 2014, the attending provider stated that the applicant's pain complaints were scored at 10/10 without medications versus 5/10 with medications. Somewhat incongruously, the attending provider reported current pain levels to 8/10. Derivative complaints of depression and anxiety were noted. The applicant was still smoking. The applicant was using Norco for pain relief, it was acknowledged. At the bottom of the report, Norco and Effexor were prescribed. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. The applicant was asked to try and cease smoking. On August 26, 2014, orthotics were endorsed. On July 7, 2014, the applicant received a neurosclerosing nerve block about the foot. On June 6, 2014, the applicant reported ongoing complaints of right foot pain. The applicant's medications included Lidoderm patches, Prilosec, Lamictal, and Norco, it was acknowledged. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. In a June 3, 2014 progress note, the applicant reported unchanged complaints of pain. The applicant stated that he would be bedridden without his medications. The applicant was on Lamictal, Norco, Prilosec, and Lidoderm, it was again noted. Towards the bottom of the report, it was stated that the applicant had stopped Lamictal of his own accord. The note was

very difficult to follow and mingled historical commentary with current commentary. The applicant's work status was not explicitly stated at the bottom of the report. Multiple medications were renewed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg,#180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, multiple progress notes, referenced above, failed to articulate the applicant's work status. While the attending provider stated in one section of the note that the applicant's work restrictions were in place, this was not elaborated or expounded upon. The applicant's work status was not explicitly stated at the bottom of the report, suggesting that the applicant was not, in fact, working. The June 3, 2014 progress note also stated that the applicant was having difficulty performing activities of daily living as basic as ambulating and was still using a cane to move about at that point in time. While the attending provider did report some reduction in pain reportedly effected as a result of ongoing medication consumption, this was, however, outweighed by the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing Norco usage (if any) and the attending provider's failure to clearly articulate the applicant's work status from visit to visit. The attending provider's commentary to the effect that the applicant would be bedridden without his medications did not, in and of itself, constitute evidence of meaningful, material, or significant improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Lidoderm Patch 5%, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS

Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the attending provider failed to outline evidence of anticonvulsant adjuvant medication and/or antidepressant adjuvant medication failure prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant's work status was not clearly articulated. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on opioid agents such as Norco, which the applicant was apparently using at a rate of six times daily. The applicant continued to report difficulty-performing activities of daily living as basic as standing and walking. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing Lidoderm usage. Therefore, the request was not medically necessary.

**Lamictal 200mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lamotrigine (Lamictal).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Lamotrigine (Lamictal, generic available) Page(s): 20. Decision based on Non-MTUS Citation Food and Drug Administration. INDICATIONS AND USAGE LAMICTAL is an antiepileptic drug (AED) indicated for: Epilepsy adjunctive therapy in patients 2 years of age: (1.1), partial seizures, primary generalized tonic-clonic seizures, generalized seizures of Lennox- Gastaut syndrome. Epilepsy mono-therapy in patients 16 years of age: conversion to mono-therapy in patients with partial seizures who are receiving treatment with carbamazepine, phenobarbital, phenytoin, primidone, or valproate as the single AED. (1.1) Bipolar Disorder in patients 18 years of age: maintenance treatment of Bipolar I Disorder to delay the time to occurrence of mood episodes in patients treated for acute mood episodes with standard therapy. (1.2).

**Decision rationale:** Finally, the request for Lamictal, an anticonvulsant medication, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and to manage expectations. Page 20 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Lamictal has proven to be moderately effective in the treatment of trigeminal neuralgia, HIV, and central post-stroke pain. Page 20 of the MTUS Chronic Pain Medical Treatment Guidelines does note that Lamictal is not generally recommended as a first-line treatment for neuropathic pain, as was present here. While the Food and Drug Administration (FDA) notes that Lamictal is indicated in the treatment of epilepsy and/or bipolar disorder, here, however, the attending provider did not clearly state for what purpose, issue, and/or diagnosis Lamictal had been employed. While the applicant did apparently have a variety of issues, including neuropathic pain associated with CRPS and mood disorder present at various points in time, the attending provider did not clearly state for what purpose

Lamictal had been employed and did not, furthermore, state how (or if) Lamictal had been effective. The attending provider's progress note of June 3, 2014, moreover, seemingly suggested that the applicant discontinued Lamictal of his own accord. All of the foregoing, taken together, did not make a compelling case for continuation of Lamictal. Therefore, the request was not medically necessary.