

Case Number:	CM15-0014652		
Date Assigned:	02/02/2015	Date of Injury:	12/03/2003
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona

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 41-year-old female who reported injury on 12/03/2003. Her mechanism of injury was not included. Her diagnoses included causalgia of upper limb, depressive disorder not elsewhere classified, insomnia unspecified. Her medications included amitriptyline, Cymbalta, Lidoderm patch, Norco 10/325 mg, Xanax, Ambien 10 mg. The progress report dated 12/19/2014 documented the injured worker's pain scale with medications that are 6/10 to 7/10 and without medications at a 10/10. No adverse reactions were noted. On physical examination, her neck flexion was noted to be measured at 20 degrees of extension, right and left lateral bending 40 degrees, rotational right and left 50 degrees. The examination of the upper extremity reveals she is unable to make a fist. She is not able to fully extend the fingers or thumb. She is able to oppose the thumb and index finger. Her treatment plan included pain medications, urine drug screen, request for gym membership to maintain home exercise program and water therapy. Medication agreement was resigned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #16: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The request for Norco 10/325mg #16 is not medically necessary. The California MTUS guidelines state there are four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There is a lack of documentation regarding an improvement in physical and psychosocial functioning regarding the administration of this medication. The request contains no frequency in the instructions. Although the documentation indicated there would be a urine drug screen performed, there was no indication of previous results of urine drug screen when the last drug screen was performed. Therefore, the request for Norco 10/325mg #16 is not medically necessary.

Lidoderm 5% topical film #30: Upheld

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

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

Decision rationale: The request for Lidoderm 5% topical film #30 is not medically necessary. 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. There is a lack of documentation regarding neuropathic pain, or evidence of a trial of first line therapy including tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. The request for Lidoderm 5% topical film patch does not include placement of the patch or instructions when to put it on and when to take it off. The request for Lidoderm 5% topical film #30 is not medically necessary.

Deplin 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain and Mental Illness and Stress Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health and Stress, Deplin[®] (L-methylfolate).

Decision rationale: The request for Deplin 15mg #30 is not medically necessary. The Official Disability Guidelines state Deplin is not recommended until there are higher quality studies. Deplin is a prescription medical food that contains L-methylfolate (vitamin B9) in doses of 7.5 mg or 15 mg. There are no head-to-head studies comparing folic acid supplementation versus L-methylfolate in terms of augmenting antidepressant therapy for depression. Studies are equivocal as to the efficacy of such supplementation, including in terms of whether other B vitamins are added to treatment. There is a lack of higher quality studies to justify the use of Deplin. As the guidelines state that Deplin is not recommended, the request for Deplin 15mg #30 is not medically necessary.