

Case Number:	CM15-0114496		
Date Assigned:	06/22/2015	Date of Injury:	11/27/1996
Decision Date:	07/21/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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: North Carolina
 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:

The injured worker is a 62 year old male with an industrial injury dated 11/27/1996. Her diagnoses included low back pain, failed back surgery (lumbar), back pain (lumbar) with radiculopathy, myalgia, xerostomia, shoulder impingement syndrome: bilateral, erectile dysfunction: secondary to medication, testicular hypo function: second to opioid, chronic anxiety, chronic depression and chronic insomnia. Prior treatment included therapy and medications. He presents on 05/27/2015 with no change in pain control since last visit. He describes the pain as constant. He rates the least pain is 4/10, average pain as 6/10 and the worst pain 8/10. The provider documents when the injured worker receives all his medication they work well to control his pain enough to be functional with his activities of daily living. It allows him to sit for 20 minutes at the computer, fold clothes, walk around the block, attend church and visit his children and grandchildren. Without his pain medications, he would "be bedridden and laying on a heating pad with poor quality of life." The injured worker uses a cane. Mood was assessed as depressed, angry, anxious and frustrated in the last 30 days. Physical exam showed normal pain behaviors, interactive, cognitively intact with clear and coherent speech. There is no evidence of over medication, sedation or withdrawal symptoms. There was tenderness in the lumbar spine. Gait was antalgic and he ambulated using a single point cane. The provider documents MRI of lumbar spine to show diffuse bulge of lumbar 3-4 and mild diffuse bulge of lumbar 2-3 disc. Treatment plan includes continuing his activities as tolerated, aqua therapy or walking for exercise and medications. His medications include Baclofen, Hydroxyzine HCL, Capsaicin hot patch, Lidoderm patch, Duragesic, Norco, Ambien, Cymbalta, Naprosyn,

Zanaflex, Effexor, Zonegran, Terazosin, Diphenhydramine, Thermophore and Voltaren XR. The request is for Diphenhydramine HCL 50 mg sixty count, Terazosin HCL 5 mg sixty count and three boxes of Lidoderm 5% patches. The request for one box of Thermophore arthritis large pads was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three boxes of Lidoderm 5% patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical lidocaine states: 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. 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 February 2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized peripheral pain. There is no documentation of failure of first line neuropathic pain medications. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.

Diphenhydramine HCL 50 mg, sixty count: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, Diphenhydramine.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication can be used in the treatment of anxiety. The provided documentation for review shows the patient to have anxiety. Therefore, the request is medically necessary.

Terazosin HCL 5 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: 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) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γagonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.