

Case Number:	CM15-0114572		
Date Assigned:	06/22/2015	Date of Injury:	11/27/1996
Decision Date:	08/21/2015	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: New York, Tennessee
Certification(s)/Specialty: Emergency 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 injured worker is a 62-year-old male, who sustained an industrial injury on 11/27/1996. The injured worker is currently diagnosed as having chronic low back pain, fail lumbar back surgery, lumbar back pain with radiculopathy, myalgia, bilateral shoulder impingement syndrome, chronic anxiety, chronic depression, and chronic insomnia. Treatment and diagnostics to date has included physical therapy, home exercise program, medications. In a progress note dated 02/04/2015, the injured worker presented with complaints of bilateral arm, bilateral leg, neck, bilateral shoulder, bilateral buttock, bilateral knee, and bilateral low back pain. He rated his pain 4/10 on the pain scale with medications and 8-9/10 without medications. Objective findings include kyphotic posture, slow antalgic gait. The treating physician reported requesting authorization for Hydroxyzine, Baclofen, Capsaicin patches, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Hydroxyzine HCL 25mg: 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), Treatment Index, 11th Edition (web), 2014, Pain, Anxiety.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Medical Letter: Treatment Guidelines from the Medical Letter, Issue 128, April 1, 2013: Drugs for pain. The Medical Letter: Treatment Guidelines from the Medical Letter, Issue 129, May 1, 2013: Drugs for allergic disorders.

Decision rationale: Hydroxyzine is an H1-anti-histamine medication used for its sedative effects to help control nocturnal itching. Hydroxyzine in doses of 25-50 mg given parenterally may add to the analgesic effect of opioids in postoperative and cancer pain while reducing the incidence of nausea and vomiting. In this case, the medication has been ordered for itching. There is no documentation of complaints of itching in the medical record. The request is not medically necessary.

90 Tablets of Baclofen 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63-64.

Decision rationale: Baclofen is a muscle relaxant, recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. Side effects include sedation, dizziness, weakness, hypotension, nausea, respiratory depression, and constipation. In this case, the patient does not have multiple sclerosis or spinal cord injury. Muscle spasm is documented. The patient has been taking baclofen since at least November 2014 without relief of the spasm. It has not been shown to be effective. The duration of treatment increases the risk of adverse effects with little benefit. The request is not medically necessary.

3 boxes of Capsaicin Hot Patches 0.025%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 28.

Decision rationale: Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. In this case, the patient has pain in all extremities and lower back. Medical necessity is not supported by the documentation. The request should not be authorized.

3 boxes of Lidoderm 5% patches with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Lidoderm® (lidocaine patch).

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an anti-depressant or anti-epileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Criteria for use of Lidoderm patches: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non- neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of planned. (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. (i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. In this case the patient has been using Lidoderm since at least November 2014 and improvement has not continued. Criteria for long-term use of lidoderm patches have not been met. The request is not medically necessary.