

<b>Case Number:</b>	CM15-0172967		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	08/19/2000
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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

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 67 year old female who sustained an industrial injury on 8-19-00. A review of the medical records indicates she is undergoing treatment for chronic intractable neck pain secondary to multilevel cervical degenerative disk disease with disk herniation, chronic intractable low back pain secondary to multilevel lumbosacral degenerative disk disease with disk herniation and facet arthropathy, severe neuropathic pain, right shoulder rotator cuff disorder, chronic pain syndrome, and opioid dependence. Medical records (1-21-15 to 7-14-15) indicate ongoing complaints of neck and low back pain (1-21-15 to 7-14-15), as well as periodic headaches, which were attributed to neck pain (2-23-15). She rated her pain as "7-8 out of 10" (7-14-15) and voiced frustration regarding the tapering of her medications. On physical exam, she was noted to be transported in a manual wheelchair. She was able to self-propel the wheelchair independently. The treating provider indicated that she was "irritable and frustrated". The physical exam noted decreased cervical and lumbar range of motion with "marked tenderness on palpation to her cervical and lumbar paraspinals". Motor strength and sensation were intact. Treatment has included oral medications, including trials of Avinza, Norco, Oxycodone, OxyContin, methadone, Fentanyl, Lidoderm, Nabumetone, Neurontin, and Soma. She has also tried topical Capsaicin (1-21-15 to 7-14-15). She has used an "electrical stimulator" to help with back spasms and stiffness (2-23-15). Diagnostic studies have included MRIs and a discogram (2-23-15). The pain medications were noted to help her function, reporting that she was "able to do home chores, prepare meals and grocery shop" and that "without her medications, it is difficult for her to get out of bed" (1-21-15). The 7-14-15 treatment plan

indicates tapering her medications "by 10% a week". The treating provider states that she has "been struggling to stay on her current dose", noting that "there has been a change in her medical condition since she has been tapered down". The treating provider indicated that her pain symptoms have increased and her pain level is increased. Her current medications include Avinza 30mg, 1 tablet daily and 1 tablet every other day, Norco 10-325, 1-2 tablets three times daily, Benadryl 50mg four times daily to be taken with Norco due to pruritis, Atarax 50mg twice daily, Relafen 500mg twice daily, Rozerem 8mg one daily at bedtime, Restoril 30mg at bedtime, Dulcolax, 2 tablets at bedtime, Amerge 25mg, 1 tablet as needed for migraine headaches, Imitrex injection as needed for migraine headaches, and Miralax 17 mg as needed for constipation. The record indicates that the following medications have been discontinued: Skelaxin, methadone, OxyContin, Neurontin, Soma, Celebrex, Naprosyn, Duragesic patches, Darvocet, Vicodin, and Lidocaine. The treatment recommendation indicated the use of Salonpas as an alternative to Lidoderm patch. The utilization review (8-24-15) indicates request for authorization of Imitrex and Lidoderm patches. Both treatments were denied due to lack of documentation of the current medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective Purchase of Sumatriptan Succinate (Imitrex) injection 6mg/0.5ml quantity 3 DOS 7-22-15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans, page 221.

**Decision rationale:** Sumatriptan Succinated (Imitrex) injections are indicated for the acute treatment of migraine attacks with or without aura in adults. Serious cardiac events, including some that have been fatal, have occurred following the use of Imitrex Injection or Tablets. These events are extremely rare and most have been reported in patients with risk factors predictive of CAD. Events reported have included coronary artery vasospasm, transient myocardial ischemia, myocardial infarction, ventricular tachycardia, and ventricular fibrillation. The medical report from the provider has no documentation of functional benefit from treatment previously rendered for migraines from neck pain. Submitted reports have not demonstrated acute symptom complaints, clinical findings, or confirmed diagnoses of migraine headaches to support its use. There is no history of head trauma defined. The patient has no confirmed diagnostic pathology on imaging study, electrodiagnostics or clinical examination to support treatment of migraines as it relates to injury under review. The Retrospective Purchase of Sumatriptan Succinate (Imitrex) injection 6mg/0.5ml quantity 3 DOS 7-22-15 is not medically necessary and appropriate.

**Retrospective Lidocaine (Lidoderm) patch 700mg/1 quantity 90 DOS 7-22-15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Retrospective Lidocaine (Lidoderm) patch 700mg/1 quantity 90 DOS 7-22-15 is not medically necessary and appropriate.