

Case Number:	CM15-0177332		
Date Assigned:	09/18/2015	Date of Injury:	12/31/1967
Decision Date:	10/20/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 69 year old male, who sustained an industrial-work injury on 12-31-67. He reported initial complaints of back pain, neck pain, and headaches. The injured worker was diagnosed as having neuralgia-neuritis, cervical post laminectomy syndrome, migraine headache with aura, insomnia, degeneration of cervical intervertebral disc, and lumbar post laminectomy syndrome. Currently, the injured worker complains of worsening neuropathic pain and insomnia, chronic lower back pain and cervicogenic headaches -migraine headaches. Medications include Cambia, Hydromorphone, Imitrex, Lidoderm topical patch, Trazodone, and Gabapentin. Per the primary physician's progress report (PR-2) on 8-17-15, exam noted no acute distress, normal range of motion, strength, paraspinal and lower lumbar tenderness. Current plan of care includes refill medication. The Request for Authorization date was 8-18-15 and requested service that included Lidoderm patches 5% #60 with 5 refills and Hydromorphone 1mg 60ml. The Utilization Review on 8-21-15 denied the request for Lidoderm patch is for neuropathic pain and used after first line agents have failed and not indicated at this time. Regarding Hydromorphone is not recommended for headaches and used if the IW had returned to work or has improved function or resolution of pain and liquid form is not documented as necessary and therefore not recommended, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Lidoderm patches 5% #60 with 5 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. A request for 5 refills would not be appropriate as continued use of a medication depends on evidence of efficacy and improved function. For these reasons the request for Lidoderm Patches 5% is not medically necessary.

Hydromorphone 1mg 60ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head- Migraine pharmaceutical treatment.

Decision rationale: Hydromorphone 1mg 60ml is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that a satisfactory response to opioid treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS does not recommend opioids for headache. The ODG recommends triptans for migraine pharmaceutical treatment. The documentation does not indicate extenuating circumstances that necessitate this medication in liquid form. There is no evidence of a return to work. There is no evidence of significant increase in function from prior Hydromorphone and opioids are not indicated for headaches. This request is not medically necessary.