

Case Number:	CM15-0090389		
Date Assigned:	05/19/2015	Date of Injury:	09/08/2006
Decision Date:	06/16/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/11/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 57 year old female, who sustained an industrial injury on 9/8/2006. The current diagnoses are thoracic pain, cervical pain, cervical spondylosis, degenerative disc disease of the lumbar spine, and spasm of muscle. According to the progress report dated 3/12/2015, the injured worker complains of neck pain, mid back pain, and lower backache. Her pain level has increased since last visit; she rates her pain 6/10 with medications and 10/10 without. No new problems or side effects. Quality of sleep is poor. Activity level has decreased. The physical examination of the cervical spine reveals painful and limited range of motion. On examination of the thoracic spine, there was spasm, tenderness, and tight muscle band over the paravertebral muscles. The examination of the lumbar spine reveals restricted and painful range of motion, positive facet loading bilaterally, and trigger point with radiating pain and twitch response on palpation of the left paraspinal muscles. The current medications are Senokot, Methadone, Xanax, Baclofen, Cyclobenzaprine, Lidocaine patch, Norco, and Dexilant. Treatment to date has included medication management, x-rays, MRI studies, trigger point injections, and cervical epidural steroid injection. The plan of care includes prescription for Lidocaine patch and Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch #30: Upheld

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

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

Decision rationale: According to MTUS guidelines, "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". In this case, there is no clear documentation of recent use of these medications. Furthermore, the patient continued to have pain despite previous use of Lidocaine. In addition, there is no strong evidence supporting its efficacy in chronic neck and back pain. Therefore, the prescription of Lidocaine patch 5% is not medically necessary.

Methadone HCL 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 61.

Decision rationale: According to MTUS guidelines, section Medications for chronic pain, Methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. As an opioid, Methadone should be used in the context of a well established plan, tailored to the patient needs, when there is no reasonable alternative to treatment and when the patient is responsive to treatment. The lowest possible effective dose should be used. In this case, the patient continues to have severe pain despite the use of Methadone. Furthermore, it appears that a multidisciplinary approach was not used in this patient who continued to report severe pain despite the use of Methadone and other pain medications. Based on the above, the prescription of Methadone HCL 10mg #60 is not medically necessary.