

Case Number:	CM15-0094668		
Date Assigned:	05/20/2015	Date of Injury:	07/12/2001
Decision Date:	06/22/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, California

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 50-year-old male who sustained an industrial injury on 07/12/2001. Current diagnoses include cervical disc displacement, neuralgia/neuritis unspecified, myalgia and myositis unspecified. Previous treatments included medication management, and cervical surgery. Report dated 02/06/2015 noted that the injured worker presented with complaints that included chronic cervical pain, moderate constipation, foggy mentation, and severe sweating. Pain level was 4-5 out of 10 (in the morning), 4 out of 10 (in the afternoon), 6-7 out of 10 (in the evening), 6 out of 10 (with activity) on a visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included recommendation for a Q vest and refilled medications. Disputed treatments include Lidoderm patches and Subutex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #90: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. In addition, the claimant had been using other topical analgesics simultaneously (Cyclobenzaprine, Ketamine, etc). There is no evidence that one topical is superior to another. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.

Subutex 8mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: Subutex is Buprenorphine. Buprenorphine is recommended for opiate addiction and detoxification. In this case, there was no mention of addiction or detoxification management. There was mention of potential for addictive behavior but not verified from past history. Long-term use of Subutex is not indicated and not medically necessary.