

Case Number:	CM13-0013385		
Date Assigned:	03/26/2014	Date of Injury:	04/15/1980
Decision Date:	06/02/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/19/2013

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. The expert reviewer is Board Certified in Anesthesiology, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of [REDACTED] and has submitted a claim for back pain with an industrial injury date of April 15, 1980. Treatment to date has included medications, physical therapy, and epidural injection with recorded relief in 2012, medial branch blocks and lumbar medial branch ablations every 6 months, and lidocaine use since 2004. A utilization review from August 5, 2013 denied the request for 1) Lidoderm 5% patch #30 with 5 refills, 2) Lyrica 75mg q6h #120 with 2 refills, 3) Norco 10/325mg #120 q4-6h with 2 refills. Medical records from 2012 through 2013 were reviewed, the latest of which dated July 26, 2013 revealed pain in the lower back and right leg and foot, described as sharp, dull/aching, throbbing, stabbing, electrical/shooting, burning, and cramping with pain rating of 4-9/10. On physical examination of the lumbar/sacral region, pain and tenderness were noted across the lower back on extension, along facet joints: forward flexion at 100 degrees, hyperextension at 20 degrees, right lateral bend at 25 degrees, left lateral bend at 25 degrees. Motor examination revealed normal strength in the lower extremities. Sensory examination revealed patchy allodynia over the lower lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH, #30 WITH 5 REFILLS: Upheld

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

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

Decision rationale: As stated on pages 56-57 of the MTUS Chronic Pain Guidelines, Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. In this case, Lidoderm was prescribed for relief of pain secondary to lumbar radiculopathy since February 2013. There was no discussion within the medical records provided for review of objective functional gains, such as increased ability to perform activities of daily living. Therefore, the request for Lidoderm is not medically necessary and appropriate.

LYRICA 75MG, #120 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: As stated on page 16-22 of the MTUS Chronic Pain Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Outcomes with at least 50% reduction of pain are considered good responses. In this case, Pregabalin was prescribed for relief of pain secondary to lumbar radiculopathy since May 2013. However, there was no discussion concerning analgesic effects and impact in the patient's activities of daily living. There was no evidence in the medical records provided for review of any functional improvement from use of Lyrica. Therefore, the request for Lyrica is not medically necessary and appropriate.

NORCO 10/325MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80.

Decision rationale: According to pages 78-80 of the MTUS Chronic Pain Guidelines, ongoing opioid treatment is not supported unless prescriptions are from a single practitioner, are prescribed at the lowest possible dose, and there is an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been using Norco since February 2013. There was no documentation of analgesia and effect on activities of daily living. There is insufficient documentation of adherence to the four domains of opioid management. Therefore, the request for Norco is not medically necessary and appropriate.