

Case Number:	CM13-0020664		
Date Assigned:	10/11/2013	Date of Injury:	03/06/2000
Decision Date:	04/17/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/05/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 a 51-year-old male who reported injury on 03/06/2000. The mechanism of injury was noted to be a lifting injury. The patient's medication history included Norco as of 2009 and Lidoderm patches as of 2012. The documentation of 08/15/2013 revealed that the patient had a pain level that was unchanged. It was indicated the medications were working well, and the patient was taking Norco 3 to 4 times a day and using a Lidoderm patch daily. The patient's diagnoses were noted to include backache, unspecified, spinal; lumbar facet syndrome; spinal lumbar DDD; and low back pain. The request was made for medication refills and it was indicated that the current medication regimen optimized the patient's function and activities of daily living. It was further indicated that the patient's pain was somewhat alleviated by the current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO, QUANTITY AND DURATION, UNSPECIFIED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management and Dosing Page(s): 60,78,86.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The patient was noted to be taking the medication since 2009. Clinical documentation submitted for review indicated the patient was being monitored for aberrant drug behavior through the CURES program. There was a lack of documentation indicating the objective functional improvement, as well as the objective decrease in the VAS score and side effects. The request as submitted failed to indicate the quantity of medication being requested, as well as strength. Given the above, the request for Norco is not medically necessary. 2. LIDODERM 5% PATCHES ARE NOT MEDICALLY

LIDODERM 5% PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

Decision rationale: California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Clinical documentation submitted for review indicated the patient had been taking the medication since 2012. There was a lack of documentation indicating the patient had neuropathic pain to support ongoing use. Additionally, there was a lack of documentation indicating the patient had trialed and failed a first-line therapy. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Lidoderm 5% patch is not medically necessary.