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| Case Number: | CM13-0035787 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 06/24/2003 |
| Decision Date: | 02/13/2014 | UR Denial Date: | 10/08/2013 |
| Priority: | Standard | Application Received: | 10/17/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine 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 physician 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 73 year old male who sustained a work related injury on June 24, 2003. He subsequently developed lower back pain and limbs pain. He also has post laminectomy syndrome and unspecified hemiplegia. A physical examination on September 3, 2013, showed back pain on straight legs raise and, weak foot dorsiflexion. The patient was treated with Percocet, Norco, Flexeril, Celebrex and Lidoderm patch for his pain. The provider requested authorization to use Lidoderm patches and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #60 for the knee and hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to the Chronic Pain Medical Treatment guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS

guidelines, any compounded product that contains at least one non-recommended drug or drug class is not recommended for use. There is no documentation of efficacy from a previous use. There is no clear documentation of the patient's knee and hip condition. There is also no documentation of a failure of first line therapy for the treatment of his pain syndrome. Therefore, Lidoderm patch 5% #60 for the knee and hip is not medically necessary or appropriate.

Percocet 10/325mg #105: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 92, 97, and 75..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 179.

Decision rationale: There is no clear documentation of patient improvement in level of function, quality of life, adequate follow-up for absence of side effects and aberrant behavior with a previous use of narcotics. Therefore, the guidelines criteria have not been met and the request for Percocet 10/325mg #105 is not medically necessary or appropriate at this time.