

Case Number:	CM13-0037812		
Date Assigned:	12/18/2013	Date of Injury:	04/13/2004
Decision Date:	03/12/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/01/2013

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:

██████████ is a 52 year old man who sustained a work related injury on April 13 2004. He subsequently developed a chronic back pain. He had a partial lumbar fusion on 2005. According to the note dated on September 22 2013, the patient reported moderately severe back pain with exacerbation up to 9/10 despite the use of Norco and Lidoderm patch. The patient physical examination showed no lumbar tenderness, but decreased lumbar spine range of motion. Her provider requested authorization to use Lidoderm patch and morphine sulfate for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Morphine Sulfate ER 60mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of 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 opioids and lidodrm patch. There is no clear justification for the use of more

opioids for this patient without objective documentation of adequate use of Norco. Therefore, the request for prescription of Morphine Sulfate ER 60mg #60 is not medically necessary until more information about the patient is available

1 prescription of Lidoderm 5% patch #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: According to MTUS guidelines, <<Lidoderm® is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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 Lidoderm. patch. In addition, there is no strong evidence supporting its efficacy in chronic neck and back pain. Therefore, the prescription of Lidoderm 5% patch #30 is not medically necessary.