

Case Number:	CM13-0044807		
Date Assigned:	03/03/2014	Date of Injury:	08/01/1991
Decision Date:	05/23/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Georgia. 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 claimant presents with chronic pain following a work-related injury on August 1, 1991. The claimant was diagnosed with failed back surgery syndrome. According to medical records the claimant tried a spinal cord stimulator which required removal due to a non-functioning battery and migrated leads. On March 8, 2013 the claimant presented with difficulty walking, constant, severe pain everywhere but mainly across the hips down the legs to the knees and feet. The pain was described as aching, burning, cramping, deep, diffuse, dull, and electrical intolerable pressure-like, severe, sharp, shooting, and throbbing. The pain is associated with constant, moderate numbness in her legs and feet. The claimant reported that 50% of the problem is pain and 50% of the problem is numbness and tingling. The physical exam was significant for decreased range of motion with forward flexion and extension, tenderness to palpation at the transverse process on the left of L4, right hip, iliac crest, L4 paraspinous region, iliolumbar region and sciatic nerve. 4-5 motor strength with great toe extension extensor hallucis longus, left plantar flexion gastrocnemius. X-ray of the lumbar spine showed instrumentation anteriorly at L3-S1, posterior hardware at L3, L5 and S1 with pedicle screws and rods and compression fracture at L2-1 ages indeterminate. The enrollee's medications included Neurontin 600 mg, fentanyl 75 \hat{I} g every 72 hours, and Norco 10 mg 5-6 times per day. The claimant was diagnosed with thoracic or lumbar spondylosis with myelopathy; lumbar region, lumbar disc disease, postlaminectomy syndrome; lumbar region, and spondylolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG TABLET, 90 COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79.

Decision rationale: Norco 10/325mg, 90 count is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Norco is not medically necessary.

FENTANYL 50 MCG/HR TREANSDERM PATCH, 10 COUNT: 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): 79.

Decision rationale: Fentanyl 50mcg/hr transdermal patch 10 count is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

LIDODERM 5% 700 MG/PATCH, 90 COUNT ADHESIVE PATCH: Upheld

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

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

Decision rationale: Lidoderm 5% 700mg/patch, 90 count adhesive patch is not medically necessary. Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or anti-epileptic drugs (AED))...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with postlaminectomy syndrome, and lumbar disc disease as related to chronic pain. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain.