

Case Number:	CM13-0047395		
Date Assigned:	12/27/2013	Date of Injury:	02/01/2005
Decision Date:	02/21/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of February 1, 2005. A utilization review determination dated October 28, 2013 recommends modified certification of Norco to recommend #162 pills, modified certification of lactulose, and non-certification of Lidoderm patches. Pamelor and a urine drug screen are recommended for certification. A urine drug screen performed on October 31, 2012 is positive for nortriptyline, hydrocodone, oxymorphone, and trazodone. A progress report dated October 31, 2012 indicates that the patient is taking Norco, Pamelor, and Medrox patches. The note states that the medications reduce the patient's pain from 10/10 to 8/10, and allow her to get out of bed but not get dressed. A progress report dated December 17, 2013 includes subjective complaints of right sided body pain with numbness from the shoulder to the hand. The note indicates that the patient's pain is 3/10 with pain medication and 10/10 without pain medication. Objective examination findings include a review of an MRI. Diagnoses include right knee internal derangement, right knee pain, right rotator cuff tear, right torso and flank musculoskeletal pain, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, and neuropathic pain. The treatment plan recommends a urine drug screen, Norco 10/325 mg 2 PO Q6 hours #240, Pamelor 50 mg 1 PO b.i.d. for neuropathic pain, Prilosec 20 mg 1 PO daily for reflux and a G.I. upset, lactulose for constipation related to narcotic use, Lidoderm patch, Zanaflex, compound ointment including ketoprofen, gabapentin, and lidocaine, and Cidaflex. A progress report dated November 7, 2013 indicates that the Norco gives the patient 50 to 70% pain relief and improved function on her to get out of the house and care for herself independently, do light housework and cooking. Without the medication the patient lies in bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified improved pain and functional improvement as a result of the Norco. There is no indication of any side effects, and no obvious indication of aberrant use. Although the patient's dose is high, and there is some concern regarding the patient's Tylenol exposure, guidelines do not recommend discontinuation of Norco strictly due to the number of pills being prescribed on a daily basis. As such, the currently requested Norco is medically necessary.

1 prescription of Lactulose 10g/15ml solution: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for lactulose, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are no recent subjective complaints of constipation. There is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with lactulose. In the absence of such documentation, the currently requested lactulose is not medically necessary.

1 prescription of Lidoderm patches 5% #60: Upheld

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

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

Decision rationale: Regarding request for topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Within the documentation available for review, there is no recent documentation of localized peripheral pain (with physical examination findings supporting such a diagnosis) with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Additionally, it appears the patient is on Lidoderm patches as well as a topical compound including lidocaine ointment. Guidelines indicate that systemic exposure with lidocaine is variable, and can cause significant complications. The concurrent use of two lidocaine topical preparations significantly increases the risk of side effects and complications. In light of the above issues, the currently requested Lidoderm patches are not medically necessary.