

Case Number:	CM13-0048300		
Date Assigned:	12/27/2013	Date of Injury:	01/30/2002
Decision Date:	06/02/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 67 year old female with an injury date of 1/30/02. Based on the 10/07/13 progress report, the patient complains of chronic moderate-to-severe low back pain which radiates to the left thigh. The patient describes the pain as piercing, sharp, shooting, and stabbing. The patient's diagnoses include unspecified myalgia and myositis, spinal stenosis of the lumbar region, muscle spasms, COAT, low back pain, chronic pain, and degenerative disc disease of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325: 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 Page(s): 8-9,88-89.

Decision rationale: Review of the medical records shows that the patient has been taking Norco since the earliest progress report (2/1/13). She states that Norco gives her a lot of pain relief, which lasts about three hours, depending on her activity level. She is able to ascend/descend

stairs, put on her jacket and shoes, and walk household distances. She is not able to squat/kneel for her activities of daily living, and finds it difficult to run community errands, drive, and cook. As stated on this report, her pain without medications is a 10/10 and with medications is an 8/10. The 10/7/13 progress report states that the patient's pain is at a 7/10. The 10/7/13 report also says that, in terms of her functional improvement, she was able to walk longer and further, and her Norco intake was curtailed by 50%. According to the MTUS, when prescribing controlled substances for pain, a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. For chronic opiate use, the MTUS guidelines require the treating physician to document pain and functional improvement and compare these figures to the baseline. Pain should be assessed at each visit, and functioning should be measured at six month intervals using a numerical scale or validated instrument. In this case, pain and functional assessment is provided and Norco has shown to have decreased the patient's pain. As such, the request is medically necessary.

LIDODERM PATCH 5%: 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 Page(s): 56-57,111-113.

Decision rationale: The MTUS guidelines recommend Lidoderm patches for neuropathic pain, stating they are recommended for localized peripheral pain after there has been evidence of trial of first-line therapy. Examples of first-line therapies include tricyclic SNRIs, antidepressants, or AEDs. This patient does not present with neuropathic pain, but nociceptive back pain. As such, Lidoderm patches cannot be recommended as medically necessary.