

Case Number:	CM13-0056118		
Date Assigned:	12/30/2013	Date of Injury:	08/06/2001
Decision Date:	03/27/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/21/2013

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 Occupational 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:

In a Utilization Review Report of October 23, 2013, the claims administrator approved a request for Prilosec, approved a request for Nucynta, partially certified Norco, for weaning purposes, and denied a request for Lidoderm patch. The applicant's attorney subsequently appealed. A clinical progress note of December 5, 2013 is notable for comments that the applicant represents to follow up on issues associated with "pain and disability," implying that the applicant is not working. The applicant reports persistent 6-7/10 low back pain. The applicant is on Colace, Lidoderm, Norco, Nucynta, Prilosec, and Savella, it is stated. The applicant is having difficulty sleeping, headaches, and back pain. The applicant exhibits 4+ to -5/5 lower extremity strength. Multiple medications are renewed. Epidural steroid injection therapy and acupuncture are sought. It is stated that the applicant already has permanent work restrictions in place

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid therapy. In this case, however, these criteria have not been met despite ongoing usage of Norco. The applicant has failed to return to work. The applicant has permanent work restrictions, which remain in place, unchanged, from visit to visit. There is no evidence of improved functioning and/or appropriate analgesia effected as a result of ongoing Norco usage, either. The request for Norco 10/325mg, quantity 240 is not medically necessary and appropriate.

LIDODERM 5% PATCHES #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patches are indicated in the treatment of neuropathic pain in those individuals who have tried and failed first-line treatment with antidepressants and/or anticonvulsants. In this case, however, there is no evidence of antidepressant and/or anticonvulsant failure evident here. The request for Lidoderm patches 5% (#60 with 2 refills) #180 in total is not medically necessary and appropriate.