

Case Number:	CM13-0063029		
Date Assigned:	12/30/2013	Date of Injury:	06/03/2003
Decision Date:	04/22/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/09/2013

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 64-year-old male who reported an injury on 06/03/2003. The mechanism of injury was not submitted. The patient was diagnosed with lumbar spinal stenosis, lumbar radiculopathy, status post posterior spinal instrumentation and fusion and opiate dependence. The patient's medications included Neurontin, Lidoderm patch, Norco, and Ultracin. The patient rated his pain at 5/10 to 9/10. The patient's pain was characterized as pins and needles. The patient reported the pain is constant and increased by walking and standing. The patient reported the pain is decreased by medication. The physical examination findings revealed decreased range of motion in all planes, tenderness to palpation at the lumbar paraspinous area, and a lumbar surgical scar. The patient was recommended a refill of Norco and Lidoderm patch. The patient was prescribed Ultracin gel. The patient was recommended continuation of gabapentin and a urine drug screen. A request was made for Lidoderm patches 5%/700 mg #60 and Norco 10/325 mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCHES #60 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: CA MTUS states Lidoderm patches are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressant or and AED such as gabapentin or Lyrica). The patient complained of low back pain; however, the clinical documentation submitted for review does not indicate the efficacy of the Neurontin. Given the lack of documentation to support guideline criteria, the request is non-certified.

NORCO 10/325MG #150 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: CA MTUS states 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opiates: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The patient complained of low back pain. However, the clinical documentation submitted for review does not show an increase in the patient's function or discussion of adverse side effects. Given the lack of documentation to support guideline criteria, the request is non-certified.