

Case Number:	CM13-0067789		
Date Assigned:	01/03/2014	Date of Injury:	04/20/1998
Decision Date:	04/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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, and is licensed to practice in Illinois. 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 male who reported injury on 04/20/1998. The mechanism of injury was noted to be the patient fell through a hole in the floor when the plywood covering the hole slipped away. The patient's medication history included Lidoderm as of 06/2013 and Lyrica and hydrocodone/acetaminophen as of 2007. The documentation of 11/20/2013 revealed that the patient had bilateral low back pain with radiation into the right thigh, left hip, anterior thighs, and right leg. The patient's pain was 6/10 to 8/10. Physical examination revealed the range of motion was limited. The patient's diagnoses were noted to include post-laminectomy syndrome of the lumbar region, degeneration of the lumbar or lumbosacral intervertebral disc, and other and unspecified disc disorder of the lumbar region. The plan included hydrocortisone 1% topical cream, Lidoderm 5% patches, Lyrica, hydrocodone/acetaminophen, morphine ER, and a chiropractic referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% ADHESIVE PATCH #30, WITH FIVE (5) REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: California MTUS Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first line treatment and is only FDA approved for post-herpetic neuralgia. The clinical documentation submitted for review failed to indicate the patient had a trial and failure of a first line therapy, as the patient was noted to be on Lyrica since 2007. Additionally, as the patient was noted to be on the requested medication since 06/2013. There was lack of documentation of the objective functional benefit, and an objective decrease in the VAS score with the medication. There was a lack of documentation indicating a necessity for 5 refills without re-evaluation. Given the above, the request for One (1) prescription for Lidoderm 5% adhesive patch #30, with five (5) refills is not medically necessary.

LYRICA 50MG #90, WITH FIVE (5) REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pregabalin (Lyrica)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: California MTUS Guidelines recommend anti-epileptic medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The patient was noted to be taking the medication since 2007. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement. There was a lack of documentation indicating the necessity for 5 refills without re-evaluation. Given the above, the request for One (1) prescription for Lyrica 50mg #90, with five (5) refills is not medically necessary.

HYDROCODONE/ACETAMINOPHEN 10/325MG #60, WITH ONE (1) REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The patient had been on the medication since 2007. The clinical documentation submitted for review failed to indicate the patient had documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence the patient was

being monitored for aberrant drug behavior and side effects. There was a lack of documentation indicating the necessity for a refill without re-evaluation. Given the above, the request for One (1) prescription for Hydrocodone/Acetaminophen 10/325mg #60, with one (1) refill is not medically necessary.