

Case Number:	CM13-0069840		
Date Assigned:	01/03/2014	Date of Injury:	08/18/2010
Decision Date:	04/25/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 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 applicant is a represented employee who has filed a claim for chronic low back pain associated with an industrial injury of August 18, 2010. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; and topical agents. A November 22, 2013, progress note is notable for comments that the applicant is having an acute pain flare-up. The applicant remains more functional with medications. The applicant exhibits a normal gait with slightly painful heel and toe ambulation and limited lumbar range of motion. The applicant is given a diagnosis of chronic low back pain. Norco was issued for the severe pain flare-up. Flexeril has been introduced for muscle relaxation purposes while Lidoderm is endorsed for topical application purposes. The applicant is described as currently working without any restrictions. In a February 8, 2013 progress note, it is again stated that the applicant is working without limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325MG #60 WITH 1 REFILL PROVIDED ON 11/22/2013:

Overtaken

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): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the criteria for continuation of opioid therapy are evidence of a successful return to work, improved functioning, and/or reduced pain affected as a result of the same. In this case, the applicant has in fact returned to work. He has achieved and/or maintained successful return to work status with ongoing opioid therapy. He reports appropriate reduction in pain scores and improvement in function reportedly associated with ongoing opioid usage. Continuing the same is indicated and appropriate. Therefore, the requested hydrocodone was medically necessary and appropriate.

LIDODERM 5% PATCHES #30 WITH 1 REFILL PROVIDED ON 11/22/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical Lidoderm is indicated in those individuals with localized peripheral pain or neuropathic pain in whom there has been a trial of first-line therapeutic antidepressants and/or anticonvulsants. In this case, however, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals, including oral antidepressants and/or anticonvulsants. Therefore, the Lidoderm patches were not medically necessary or appropriate.