

Case Number:	CM13-0070306		
Date Assigned:	01/03/2014	Date of Injury:	08/24/2004
Decision Date:	10/23/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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 Pain Management, 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 53 years old female with an injury date on 08/24/2004. Based on the 11/20/2013 hand written progress report provided by [REDACTED], the diagnoses are: 1.Lumbar spine: BLE radicular, Hx of sacral fx 2.Coccydynia 3.Hx of prolonged use of meds associated with kidney and liver. According to this report, the patient complains of having anxiety and depression. Pain is rated at an 8/10 without medication and a 4/10 with medication. Patient reports of GI pain with the use of medications. Sleep 3-4 hours at night and nap during the day. The 06/28/2013 report indicates pain in the lower back which is aggravated by most activities of daily living. The patient is currently not working. There were no other significant findings noted on this report. The utilization review denied the request on 12/12/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 06/28/2013 to 11/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325 1 TAB EVERY 6 HOURS AS NEEDED FOR PAIN # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Assessment CRITERIA FOR USE OF OPIOIDS Opioid for chronic pain Page(s): 60 61 78 88.

Decision rationale: According to the 11/20/2013 report by [REDACTED] this patient presents with anxiety and depression. The treater is requesting Norco 5/325 1 tab every 6 hours as needed for pain, #120. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco was first mentioned in the 06/28/2013 report; it is unknown exactly when the patient initially started taking this medication. The reports show numerical scale to assessing the patient's pain levels with and without medication. But there is no discussions regarding functional improvement specific to the opiate use. None of the reports discuss significant change in ADLs, change in work status, or return to work attributed to use of Norco. MTUS require not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary and appropriate.

LIDOCAINE CREAM APPLY 3 X PER DAY TO LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDOCAINE Page(s): 117-118.

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

Decision rationale: According to the 11/20/2013 report by [REDACTED] this patient presents with anxiety and depression. The treating physician is requesting Lidocaine cream for the lumbar spine. Regarding Topical Analgesics, MTUS guidelines states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. In this case, the request is for Lidocaine cream which is not supported by MTUS. The request is not medically necessary and appropriate.

COLACE 100 MG 1-2 TABS PO TWICE DAILY # 120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com Food and Drug Administration (FDA)- Sodium Docusate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Opiate CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: According to the 11/20/2013 report by [REDACTED] this patient presents with anxiety and depression. The treating physician is requesting Colace 100mg #120. Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. In this case, treating physician is requesting constipation medication in anticipation of

side effects to opioid therapy which is reasonable and within MTUS guidelines. The request is medically necessary and appropriate.