

Case Number:	CM14-0009066		
Date Assigned:	02/12/2014	Date of Injury:	09/30/2006
Decision Date:	07/25/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 63-year-old male who has submitted a claim for cervical and lumbar spine degenerative disc disease associated with an industrial injury date of September 30, 2006. Medical records from 2013 were reviewed. The patient complained of persistent lower back pain with radiation to the legs. Physical examination showed antalgic gait, limited lumbar ROM, and marked tenderness on the lumbar paraspinal muscles. Treatment to date has included NSAIDs, opioids, muscle relaxants, anticonvulsants, topical analgesics, and physical therapy. Utilization review from January 8, 2014 modified the request for Norco 10/325MG, #240 to Norco 10/325MG, #180 because the guidelines only allow for a maximum of 6 tablets of Norco a day. The request for Lidoderm patches 5%, #60 with 6 refills was denied for failure to document failure of first line medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: (DOS: 12/12/2013) NORCO 10/325MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient is on Norco since May 30, 2013. However, there were no reports of functional gains from this medication. Recent progress notes reported that the patient has opioid dependence and persistence of lower back symptoms despite intake of Norco. Therefore, the request for Norco 10/325MG, #240 is not medically necessary.

RETRO: (DOS: 12/12/2013) LIDODERM PATCHES 5% #60 WITH 6 REFILLS: Upheld

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

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

Decision rationale: According to pages 56-57 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. However, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, patient was initially on Lyrica. Persistence of symptoms prompted adjuvant treatment with Lidoderm patch since May 30, 2013. However, there were no reports of functional gains from Lidoderm patches. There was no compelling indication for continuing treatment. Therefore, the request for Lidoderm patches 5%, #60 with 6 refills is not medically necessary.