

Case Number:	CM14-0100463		
Date Assigned:	07/30/2014	Date of Injury:	03/16/2011
Decision Date:	09/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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 Georgia. 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 claimant is a 53-year-old female presenting with low back pain following a work-related injury on 03/16/2011. On 4/28/2014, the claimant reported lower backache and numbness over the left buttock and left thigh. The claimant reported 7/10 pain with medications. Her back pain is associated with headaches. The claimant's medications include Gabapentin, Ranitidine, Colace, Miralax, Norco 5/325mg (one tab BID), Naprosyn, Lortab 5/500mg, and Naproxen. The physical exam showed lumbar range of motion restricted with flexion limited by pain to 90 degrees, extension limited by pain to 10 degrees, right lateral bending limited by pain to 10 degrees, left lateral bending limited by pain to 10 degrees, lateral rotation to the left limited by pain to 45 degrees, and lateral rotation to the right limited by pain to 45 degrees. There was tenderness to palpation of the paravertebral muscles and a tight muscle band is noted on both sides; she was unable to walk on heel, unable to walk on toes, Gaenslen's was negative, and lumbar facet loading is positive on both sides. The claimant was diagnosed with lumbar disc disorder, lumbar radiculopathy, post lumbar laminectomy, and muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

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 Topical Analgesics Page(s): 111-112.

Decision rationale: Lidoderm 5% patches #30 are not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with radiculopathy which is a non-neuropathic pain syndrome. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain.

Norco 5/325mg #60: Upheld

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 Opioids Page(s): 79.

Decision rationale: Norco 5/325mg is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with this opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Norco is not medically necessary.