MAXIMUS Federal Services

Case Number:	CM14-0104903		
Date Assigned:	07/30/2014	Date of Injury:	01/12/2003
Decision Date:	11/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/08/2014

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 Occupational Medicine 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 [redacted] employee who has filed a claim for chronic low back, shoulder pain, wrist pain, and elbow pain reportedly associated with an industrial injury of January 12, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee arthroscopy surgery; topical agents; and extensive periods of time off of work. In a Utilization Review Report dated June 12, 2014, the claims administrator apparently partially or conditionally approved a request for Lidoderm and Norco. The applicant's attorney subsequently appealed. In an October 23, 2014 progress note, the applicant reported ongoing complaints of low back pain, 5/10, exacerbated by motion and bending. The applicant's pain was aching and throbbing. The attending provider stated that the applicant's pain medications were generating 70% improvement. The applicant's medication list included Tenormin, Lidoderm, Zestril, Norco, prednisone, Premarin, and Prometrium. The applicant was no longer working, it was acknowledged, at age 70, as modified duty was no longer being made available to her. The applicant was smoking one pack a day, it was stated in one section of the note, while another section of the note stated that the applicant was no longer smoking. In an August 28, 2014 progress note, the applicant reported ongoing complaints of low back pain, exacerbated by lifting, bending, and twisting. The applicant had stated that her medications were helping. The applicant was reportedly using Tenormin, Lidoderm, Zestril, Norco, prednisone, Premarin, and Prometrium. Tenormin, Lidoderm, and Norco were refilled. It was acknowledged that modified duty work was no longer available to the applicant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has apparently not worked since the date of injury, several Medical-legal evaluators noted in mid to late 2014. The applicant's current treating provider, furthermore, has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Vicodin usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Lidoderm 5% patches #150: Upheld

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

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

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine/Lidoderm is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no clear or compelling evidence of antidepressant adjuvant medication failure or anticonvulsant adjuvant medication failure prior to selection and/or ongoing usage of Lidoderm patches at issue. It is further noted that the applicant has already received Lidoderm patches at issue, despite the unfavorable MTUS position on the same. The applicant has, moreover, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Lidoderm. The applicant remains off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit, despite ongoing usage of Lidoderm. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lidoderm patches at issue. Therefore, the request is not medically necessary.