

Case Number:	CM14-0109374		
Date Assigned:	08/01/2014	Date of Injury:	05/28/1999
Decision Date:	09/23/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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

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 injured worker is a 66-year-old female who reported an injury on 05/28/1999 who reportedly sustained injuries to her low back while lifting boxes. The injured worker's treatment history included medications, MRI studies, EMG/NCS study, surgery, epidural injections, urine drug screens, physical therapy sessions, Functional Capacity Evaluation, aquatic sessions, TENS unit, and Lidoderm patches. The injured worker was evaluated on 07/01/2014, and it was documented that the injured worker complained of low back pain and left lower extremity pain with numbness/tingling. The provider noted the injured worker's daily medications are helping but are suboptimal. The injured worker has been taking medication as prescribed. The medications are controlling some but not all of the pain symptoms. The injured worker understands that all of the symptoms will not be completely eliminated by pain medications. The injured worker did not report any new side effects from the medications. Physical examination revealed lumbar range of motion of the lumbar spine was decreased in extension, lateral rotation, and lateral bending with an increase in concordant pain in lateral planes. Flexion appeared normal without pain. Motor strength was 5/5 bilateral lower extremities. Sensation was normal to light touch, pinprick, and temperature along all dermatomes bilateral lower extremities. DTRs are 2+ bilateral ankles and 2+ bilateral knees. Straight leg raise test was positive left for radicular S/S at 45 degrees. Patrick/Gaenslen test was positive for SI arthropathy. Tenderness to palpation over SI joints bilaterally. Pace/Freiberg's test was negative for piriformis syndrome. The injured worker had a urine drug screen on 03/05/2014 that was positive for opioid usage. Medications included atenolol 25 mg, Klor-Con 20 mEq powder, Zocor 10 mg, Lisinopril 10mg, Metformin, lidocaine topical 5% ointment, Lidoderm 5% patches, Zantac 75mg, Norco 10/325mg, Compazine 10mg, Cyclobenzaprine 10mg, potassium chloride 10 mEq, Humalog 100 units. Diagnoses included displacement, intervertebral disc, medial epicondylitis, and low back pain. Request for Authorization dated 07/01/2014 was for Norco 10/325 mg and Lidoderm 5% patches. However, the rationale is not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (Date of Service 07/01/14) for Norco 10/325mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, When to Continue Opioids, and Opioids for Chronic Pain Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or duration of medication. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review the injured worker was positive for Opioid usage. The request submitted given the above, the request for is not supported by the California Medical Treatment Utilization Schedule (MTUS) Guidelines recommendations. As such, the request is not medically necessary.

Retrospective request (Date of Service 07/01/14) for Lidoderm 5% film: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Lidoderm, and Topical Lidocaine Page(s): 9, 56-57, and 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed ointment contains lidocaine. Furthermore, there was no documentation provided on conservative care measures such as physical therapy, pain management or home exercise regimen. In addition, there was no documentation provided on frequency or location where the Lidoderm Patch would be applied. Lidoderm Patches are recommended of a trial of first-line therapy however it is for diabetic neuropathy pain. As such, the request for retrospective request (Date of service 07/01/2014) for Lidoderm 5% film is not medically necessary.

