

Case Number:	CM14-0012838		
Date Assigned:	02/24/2014	Date of Injury:	06/03/2004
Decision Date:	07/30/2014	UR Denial Date:	01/19/2014
Priority:	Standard	Application Received:	01/31/2014

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:

This is a 55-year-old male with a 6/3/04 date of injury. The patient was working as a coroner when he pulled a body out of a van onto a loading dock. In a progress report dated 8/6/13, the patient complained of worsening of his left lower back pain. Objective findings: slight decreased lumbar lordosis, tenderness to lumbar paraspinals, strength 5/5 for dorsiflexion and plantar flexion. Diagnostic impression: right distal fibular fracture, lumbar MRI that shows at L4-L5 posterior annular tear and left foraminal disc protrusion, positive EMG finding of confirmed lumbar left radiculitis, chronic lower back pain Treatment to date: medication management, activity modification, physical therapy, ESI A UR decision dated 1/19/14 denied the request for Norco because the medical necessity for ongoing use of Norco has not been established. The request was previously reviewed and partially certified on 9/23/13 stating any future requests will require documentation that explicitly demonstrates medical necessity as per MTUS guidelines. According to MTUS 2009 there must be ongoing documentation of pain relief, functional status, appropriate medication use, and side effects. These criteria have not been met. Moreover, there is no documented opioid contract or UDS. The request for Lidoderm was denied because the medical necessity for Lidoderm has not been established. The patient has been on the medication without reported side effects and tolerating full duty. However, as per MTUS 2009, Lidoderm may be recommended for localized peripheral pain only after a trial of first-line therapy has been implemented; evidence of this trial must be documented. In review of the documentation, there is no failed trial of these recommended medications. Moreover, as per ODG guidelines, the area for treatment should be designated as well as the number of planned patches and duration for us. This has not been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 07/18/2009, CRITERIA FOR THE USE OF OPIOIDS, PAGES 78/127 Page(s): 78 of 127.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A prior UR decision certified Norco for the purpose of weaning. There is no documentation that the provider has addressed the recommendations for weaning. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325mg #90 is not medically necessary.

LIDODERM 5% PATCH #60 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines, Lidoderm.

Decision rationale: CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). There should be documentation of a successful trial of Lidoderm patches, as well as a discussion of functional improvement, including the ability to decrease the patient's oral pain medications. The documentation provided does not provide this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Therefore, the request for Lidoderm 5% Patch #60 With 3 Refills is not medically necessary.