

Case Number:	CM14-0127588		
Date Assigned:	08/15/2014	Date of Injury:	03/13/2009
Decision Date:	09/15/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/11/2014

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 American Board Certified in Physical Medicine & Rehabilitation in and is licensed to practice in Nevada. 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 records presented for review indicate that this 52-year-old female was reportedly injured on March 13, 2009. The mechanism of injury is listed as a slip and fall. The most recent progress note, dated March 5, 2014, indicates that there are ongoing complaints of low back pain radiating to the right leg. Current medications include; Norco, Neurontin, Pamelor, and lidocaine ointment. The physical examination demonstrated a well healed surgical scar over the mid-lumbar region. There was tenderness along the lumbar paraspinal muscles and the midline, as well as, the SI joints and piriformis region. There was decreased lumbar spine range of motion secondary to pain. The neurological examination revealed right leg weakness and decreased sensation on the right side from L4 through S1. Diagnostic imaging studies of the lumbar spine indicate evidence of a prior fusion any previous L5 laminectomy there was mild canal stenosis at L3 - L4. Previous treatment includes a lumbar fusion from L4 through S1, a decompression lumbar laminectomy, medial branch blocks, and a discogram a request had been made for topical Lidoderm and Norco and was not medically necessary on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lidoderm patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: According to the attach medical record the injured employee has signs and symptoms of a radiculopathy. First-line medications for radicular symptoms include antidepressants and anti-epilepsy drugs. The injured employee is already stated to be taking Neurontin and Pamelor. Considering this, this request for Lidoderm patches is not medically necessary.

Norco #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78,88,91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose, to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.