

Case Number:	CM14-0134272		
Date Assigned:	09/05/2014	Date of Injury:	04/29/2010
Decision Date:	10/03/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/19/2014

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 Family Medicine and 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:

This 33 year old patient had a date of injury on 4/29/2010. The mechanism of injury was not noted. In a progress noted dated 7/30/2014, subjective findings included neck pain and low back pain is 6/10 without medications, 3/10 with medications. On a physical exam dated 7/30/2014, objective findings included normal reflex, sensory and power testing to bilateral upper and lower extremities except for weakness and numbness right C7. Straight leg raise and femoral stretch are negative bilaterally. Diagnostic impression shows HNP L3-L4, L5-S1, with loss of disc hydration and lumbar instability, degenerative disc disease with loss of disc hydration and spinal stenosis at L4-L5. Treatment to date includes medication therapy, behavioral modification, and lumbar surgery on 4/16/2013. A UR decision dated 8/7/2014 denied the request for Lidoderm 5% #30 stating there is no documentation of failed trials of oral anticonvulsants and antidepressants. Celebrex 200mg #30 was denied stating no objective functional improvement noted. Ultram 50mg #60 and Norco 10/325 #90 were denied, stating that there was no objective functional benefit noted from these opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30: 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): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Lidoderm

Decision rationale: The California 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 anti-epilepsy drug such as Gabapentin or Lyrica). The Official Disability Guidelines states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In the reports viewed, there was no documentation of a failed trial of 1st line therapy such as Gabapentin, or Lyrica. Furthermore, the site of application was not noted. Therefore, the request for Lidoderm 5% #30 is not medically necessary.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non- Steroidal Anti-Inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: NSAIDS

Decision rationale: The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, the Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In a progress report dated 7/30/2014, the patient claims that the medications help with his pain and ADLs. However, it was unclear as to which medication specifically was responsible for his analgesia, and there was no documented objective functional improvement noted with Celebrex. Therefore, the request for Celebrex 200mg #30 is not medically necessary.

Ultram 50mg #60: 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): 78-81.

Decision rationale: The California 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. In the reports viewed, there was no objective functional benefit noted or discussion of adverse side

effects from the opioid regimen. Furthermore, there was no evidence of a pain contract. Therefore, the request for Ultram 50mg #60 is not medically necessary.

Norco 10/325mg #90: 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): 78-81.

Decision rationale: The California 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. In the reports viewed, there was no objective functional benefit noted or discussion of adverse side effects from the opioid regimen. Furthermore, there was no evidence of a pain contract. Therefore, the request for Norco 10/325mg #90 is not medically necessary.