MAXIMUS Federal Services

Case Number:	CM14-0134907		
Date Assigned:	08/27/2014	Date of Injury:	06/24/2012
Decision Date:	10/02/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/21/2014

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 Alabama. 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 patient is a 67 year old male who was injured on 06/24/2012. The mechanism of injury is unknown. Prior medication history included Etodolac, Norco, trazodone, Lidoderm, Voltaren, and topical gel. Progress report dated 07/07/2014 states the patient complained of low back pain radiating to both lower extremities, right greater than left. He rated his pain level a 6-7/10. The patient takes Norco 5/325 one during the day to manage increased pain after activities such as going to the grocery store and one at bedtime to sleep. He also relies on trazodone so he can sleep. His medication decreases his pain by 40%. On exam, there is no tenderness or spasm present of the lumbar spine. He is diagnosed with displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, psychological disorder and depressive disorder. He is recommended to continue his Norco 5/325 as it provides pain relief and improved function and Lidoderm patch 5%. Prior utilization review dated 07/21/2014 states the request for Norco 5/325mg #90 Refills 1 is modified to Norco # 90 with no refills as it is medically necessary; and Lidoderm 5% patch #30 Refills 1 is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90 Refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76 - 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The above MTUS guidelines regarding on-going management of opioids states that actions should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors)." In this case, there is not adequate documentation of the 4 A's as above. Note from 7/3/14 states "He continues taking Norco 5/325 mg usually one during the day to manage increased pain after activities such as going grocery shopping and one at HS to manage pain so he can sleep continues to use in stable manner for pain relief and improved function" There is no documented history addressing aberrant drug-related behaviors or side effects. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Lidoderm 5% patch #30 Refills 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 113.

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

Decision rationale: The guidelines used in decision recommends insert requested treatment or service for/as insert criteria for requested treatment. The medical records document inserts relevant clinical findings which meet or do not meet the criteria. Further, the documents show additional information which proves a point. Based on the guidelines used in decision guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.