

Case Number:	CM14-0151462		
Date Assigned:	09/25/2014	Date of Injury:	11/01/2000
Decision Date:	10/29/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/17/2014

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 59 year old female who was injured on Nov 1, 2000. The mechanism of injury is unknown. Her medication history included Norco, Lidocaine gel, and Lidoderm patches, Levothyroid, Allopurinol, and Furosemide. The patient underwent left shoulder surgery. The patient's past medications as of 07/30/2014 included Levothyroid, Fenofibrate, Metformin, Lidoderm 5%; Norco 10/325 mg, Triamterene HCTZ, and Lisinopril (VAS is 4/10 with medications and 9/10). Her medications as of 08/29/2014 included Norco 10/325 mg, Lidoderm 5% with a VAS of 5/10 with medications and 8/10 without medications). Toxicology report dated 02/12/2014 detected opiates which is consistent with prescribed medication Norco/hydrocodone. Progress report dated Sept 29, 2014 indicates the patient presented with complaints of pain in left knee. She reported poor quality of sleep secondary to the pain. She rated her pain as 5/10 at its best and 7/10 at its worst. Objective findings during examination revealed the patient has an antalgic gait and she is using two broken crutches with tennis ball for assisting with ambulation. The patient was diagnosed with chronic pain syndrome, left sided knee pain, chronic lumbar back pain, insomnia, and depression. Prior utilization review dated September 9, 2014 indicates the request for Norco 10-325mg 1 PO every 4 hr. PRN (per mouth as needed) #180 maximum 6 per day is denied as medical necessity has not been established; and the request for Lidoderm 5 percent 1-3 patches 12hr on 12 off PRN #3 boxes 1 refill maximum use 3 at once is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: The above MTUS guidelines for on-going management of opioids states "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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, note from 9/29/14 addresses the 4 A's by stating "Her last UDS in February was appropriate, gave her another UDS lab slip. We had given her the opioid agreement as a new patient... She reports her insurance denied her medication. As a result she functions less, sleeps 2 hours (instead of 6 hr. /night)... In turn she cannot function when insomnia predominates. Her pain as well is not well controlled when sleep is so disrupted due to pain. She is bedbound without her pain medications... She denies side effects, denies drug seeking behavior, and has never lost her medications." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request of Norco 10-325mg #180 is medically necessary and appropriate.

Lidoderm 5% patch #3 boxes with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The above MTUS guidelines regarding Lidoderm states "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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." In this case, there is no documentation of prior first-line therapy and no

diagnosis of post-herpetic neuralgia. Note from 9/29/14 only documents diagnoses of chronic pain syndrome, left knee pain, and chronic lumbar pain. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request of Lidoderm 5% patches #3 boxes with 1 refill is not medically necessary and appropriate.