

Case Number:	CM14-0152269		
Date Assigned:	09/29/2014	Date of Injury:	12/03/2006
Decision Date:	11/20/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 42 year old male who was injured on 12/3/2006. The diagnoses are neck pain, lumbar radiculopathy and wrist pain. There are associated diagnoses of depression and anxiety disorder. The MRI of the lumbar spine showed multilevel disc bulges. On 7/7/2014, [REDACTED] noted subjective complaints of low back pain radiating to the lower extremities with associated numbness of the right leg. There are objective findings of decreased range of motion of the lumbar spine and tenderness over the lumbar spine, right SI joint and right trochanter. There is a past history of failed gabapentin treatment and abdominal pain secondary to the use of pain medications. A Utilization Review determination was rendered on 9/9/2014 recommending non certification for Lidoderm patch 5% #90 3 refills and modified certification for Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic preparations can be utilized in the treatment of localized neuropathic pain when treatment with NSAIDs, anticonvulsants and antidepressants cannot be utilized or have failed. The records did not show that the patient was diagnosed with localized neuropathic pain. There is significant pain complaints located in the neck, lumbar spine and multiple joints. There is report of failure of antidepressant medications in this patient who have significant co-existing psychosomatic symptoms. The medical necessity criteria for Lidoderm 5% #90 3 refills were not met.

Norco 10/325mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS recommend that opioids can be utilized for the treatment of acute exacerbation of chronic musculoskeletal pain that did not respond to NSAIDs and PT. Opioids can also be utilized for maintenance treatment when the patient have exhausted treatments with non- opioid medications, PT and surgical options. There is report of aberrant drug behavior or opioid related adverse effects. The patient reported significant pain relief with increase in physical activity with the use of Norco. There is documented history of intolerant and failure of non- opioid medications. The medical necessity criteria for the use of Norco 10/325mg #60 were met.