

Case Number:	CM14-0157703		
Date Assigned:	10/01/2014	Date of Injury:	05/28/1999
Decision Date:	10/29/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 66 year-old patient sustained an injury on 5/28/1999 while employed by The [REDACTED]. Request(s) under consideration include Retrospective request for Lidoderm 5% film up to 3 patches at a time to affected area 12 hours per day #30 with DOS: 9/2/2014 and Retrospective request for Norco 10/325 mg every 4-6 hours up to 6/day #180 with DOS: 9/2/2014. The patient is s/p bilateral L4-5 laminectomy, foraminotomies and partial facetectomies with fusion on 12/29/1999; s/p redo of left L5 laminectomy, S1 foraminotomy, excision of herniated disc at L5-S1 on 8/26/02; ans s/p redo of same on 4/1/05. Conservative care has included medications, therapy (land and aquatic), TENS, Functional Restoration Program ([REDACTED]), elbow injections, bracing, FCE, multiple transforaminal epidural steroid injections, medial branch blocks and radiofrequency ablation, and modified activities/rest. Reports of 7/1/14, 8/4/14, and 9/2/14 from the provider noted continued low back radiating pain to the left leg with associated numbness and tingling. Previous epidural provided >50% improvement; TPI have been suboptimal with medications controlled some symptoms, but not all. Exams remained unchanged with limited lumbar range; guarded slow gait; positive orthopedic testing of SLR, Patrick/ Gaenslen with point tenderness. Treatment plan include multiple medications refills, LESI. The request(s) for Retrospective request for Lidoderm 5% film up to 3 patches at a time to affected area 12 hours per day #30 with DOS: 9/2/2014 and Retrospective request for Norco 10/325 mg every 4-6 hours up to 6/day #180 with DOS: 9/2/2014 were non-certified on 9/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidoderm %5 film up to 3 patches at a time to affected area 12 hours per day #30 with a date of service of 9/2/2014: Upheld

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 Topical Analgesics Page(s): 111-113.

Decision rationale: This 66 year-old patient sustained an injury on 5/28/1999 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for Lidoderm 5% film up to 3 patches at a time to affected area 12 hours per day #30 with DOS: 9/2/2014 and Retrospective request for Norco 10/325 mg every 4-6 hours up to 6/day #180 with DOS: 9/2/2014. The patient is s/p bilateral L4-5 laminectomy, foraminotomies and partial facetectomies with fusion on 12/29/1999; s/p redo of left L5 laminectomy, S1 foraminotomy, excision of herniated disc at L5-S1 on 8/26/02; ans s/p redo of same on 4/1/05. Conservative care has included medications, therapy (land and aquatic), TENS, Functional Restoration Program ([REDACTED]), elbow injections, bracing, FCE, multiple transforaminal epidural steroid injections, medial branch blocks and radiofrequency ablation, and modified activities/rest. Reports of 7/1/14, 8/4/14, and 9/2/14 from the provider noted continued low back radiating pain to the left leg with associated numbness and tingling. Previous epidural provided >50% improvement; TPI have been suboptimal with medications controlled some symptoms, but not all. Exams remained unchanged with limited lumbar range; guarded slow gait; positive orthopedic testing of SLR, Patrick/ Gaenslen with point tenderness. Treatment plan include multiple medications refills, LESI. The request(s) for Retrospective request for Lidoderm 5% film up to 3 patches at a time to affected area 12 hours per day #30 with DOS: 9/2/2014 and Retrospective request for Norco 10/325 mg every 4-6 hours up to 6/day #180 with DOS: 9/2/2014 were non-certified on 9/19/14. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. Retrospective request for Lidoderm 5% film up to 3 patches at a time to affected area 12 hours per day #30 with DOS: 9/2/2014 is not medically necessary and appropriate.

Retrospective request for Norco 10/325 mg every 4-6 hours up to 6/day #180 with a date of service of of 9/2/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids On-Going Management Page(s): 74-96.

Decision rationale: This 66 year-old patient sustained an injury on 5/28/1999 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for Lidoderm 5% film up to 3 patches at a time to affected area 12 hours per day #30 with DOS: 9/2/2014 and Retrospective request for Norco 10/325 mg every 4-6 hours up to 6/day #180 with DOS: 9/2/2014. The patient is s/p bilateral L4-5 laminectomy, foraminotomies and partial facetectomies with fusion on 12/29/1999; s/p redo of left L5 laminectomy, S1 foraminotomy, excision of herniated disc at L5-S1 on 8/26/02; and s/p redo of same on 4/1/05. Conservative care has included medications, therapy (land and aquatic), TENS, Functional Restoration Program ([REDACTED]), elbow injections, bracing, FCE, multiple transforaminal epidural steroid injections, medial branch blocks and radiofrequency ablation, and modified activities/rest. Reports of 7/1/14, 8/4/14, and 9/2/14 from the provider noted continued low back radiating pain to the left leg with associated numbness and tingling. Previous epidural provided >50% improvement; TPI have been suboptimal with medications controlled some symptoms, but not all. Exams remained unchanged with limited lumbar range; guarded slow gait; positive orthopedic testing of SLR, Patrick/ Gaenslen with point tenderness. Treatment plan include multiple medications refills, LESI. The request(s) for Retrospective request for Lidoderm 5% film up to 3 patches at a time to affected area 12 hours per day #30 with DOS: 9/2/2014 and Retrospective request for Norco 10/325 mg every 4-6 hours up to 6/day #180 with DOS: 9/2/2014 were non-certified on 9/19/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Retrospective request for Norco 10/325 mg every 4-6 hours up to 6/day #180 with DOS: 9/2/2014 is not medically necessary.