

Case Number:	CM14-0166554		
Date Assigned:	10/20/2014	Date of Injury:	04/01/1999
Decision Date:	11/20/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/09/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 73-year-old female with date of injury of 04/01/1999. The listed diagnoses per [REDACTED] from 09/15/2014 are: 1. Status post lumbar decompression with acute exacerbation. 2. Status post cervical fusion, multilevel. 3. Status post bilateral carpal tunnel releases. 4. Psychological diagnoses. According to this report, the patient continues to complain of back pain. She recently went on a trip with her daughter which entails sitting for prolonged periods of times in the car. Following this, she notes exacerbation of her back pain. She has increased pain today which she rates 8/10. The patient describes left-sided low back pain radiating down her left leg. The examination of the lumbar spine showed tenderness in the left side of the lower lumbar paravertebral musculature. Forward flexion is 45 degrees, extension 10 degrees, and lateral bending at 30 degrees. Sitting straight leg raise is positive on the left. Strength in the lower extremities is globally intact. The utilization review denied the request from 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, On-Going Management Page(s): 88-89, 78.

Decision rationale: This patient presents with chronic back pain. The treater is requesting Norco 10/325 mg, quantity #60. For chronic opiate use, the MTUS Guidelines page 88 and 89 on criteria for use of opioids state, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 on ongoing management also required documentation of the 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior as well as "pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work and duration of pain relief." The records show that the patient was prescribed Norco on 06/17/2014. The 06/17/2014 report notes, "She notes functional improvement in pain relief with the adjunct of the medication. She indicates, occasionally, she experiences acute exacerbations that she is trying to manage utilizing her TENS unit. She is trying to minimize her narcotic pain medication." The treater does not provide pain scales, no specific regarding ADLs, no significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessment" as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug-seeking behaviors such as urine drug screen. The request is not medically necessary.

Topical compound LF520 (Lidocaine 5%, Flubiprofen 20%) with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: This patient presents with chronic back pain. The treater is requesting a topical compound LF520. MTUS page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine its efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states that no other commercially approved topical formulations of lidocaine, "whether creams, lotions, or gels" are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics." In this case, lidocaine in topical compound formulation is not supported by the MTUS guidelines. The request is not medically necessary.