MAXIMUS Federal Services

Case Number:	CM14-0167437		
Date Assigned:	10/23/2014	Date of Injury:	10/05/1992
Decision Date:	11/21/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/10/2014

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 75 years old male with an injury date on 10/05/1992. Based on the 09/17/2014 progress report provided by [redacted]., the diagnoses are:1. Radiculitis / Radiculopathy lumbar / Thoracic2. Pain, back, lower chronicAccording to this report, the patient "symptoms are chronic and are fairly controlled." "Analgesia is adequate. No complaint of side effect." The treating physician states "There has been no clinical evidence of diversion, malingering, or aberrant drug seeking behavior. The use of these medications has improved the patient's quality of life and increases overall daily functionality." Physical exam reveals tenderness at the lumbar spine, mildly reduce range of motion. The 06/25/2014 report indicates the patient "is able function carrying out minimal ADL's w/the use of the medications vs. inability to perform the basic functions w/o medications and periodic ESI's. There were no other significant findings noted on this report. The utilization review denied the request on 10/02/2014. [redacted] is the requesting provider, and he provided treatment reports from 01/08/2014 to 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain section, Topical analgesic, Medications for chronic pain Page(s): 111-113, 60, 61.

Decision rationale: According to the 09/17/2014 report by [redacted] this patient presents with "symptoms are chronic and are fairly controlled." The treater is requesting Lidoderm 5% patch #90. Lidoderm patch was first mentioned in the 01/08/2014 report. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has lumbar neuropathic pain but this is not a localized condition. Furthermore, the treater does not discuss how this patch is used and with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain therefore request is not medically necessary.

Norco 10-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 09/17/2014 report by [redacted] this patient presents with "symptoms are chronic and are fairly controlled." The treater is requesting Norco 10-325mg #120. Norco was first mentioned in the 01/08/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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 medication to work and duration of pain relief. Review of report shows documentation of analgesia being "adequate." Patient "is able function carrying out minimal ADL's w/the use of the medications." Per treater, there were no clinical evidence of diversion, malingering, or aberrant drug seeking behavior. However, no pain assessment using a numerical scale describing the patient's average pain, with and without medication and no outcome measures are provided. There are no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines therefore request is not medically necessary.

Methadone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 09/17/2014 report by [redacted] this patient presents with "symptoms are chronic and are fairly controlled." The treater is requesting Methadone 10mg #90. Methadone was first mentioned in the 01/08/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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 medication to work and duration of pain relief. Review of report shows documentation of analgesia being "adequate." Patient "is able function carrying out minimal ADL's w/the use of the medications." Per treater, there were no clinical evidence of diversion, malingering, or aberrant drug seeking behavior. However, no pain assessment using a numerical scale describing the patient's average pain, with and without medication and no outcome measures are provided. There are no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines therefore request is not medically necessary.