

Case Number:	CM14-0170762		
Date Assigned:	10/23/2014	Date of Injury:	04/10/2013
Decision Date:	11/21/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/15/2014

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 Rehabilitation & Pain Management 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 43-year-old male with date of injury of 04/10/2013. The listed diagnoses per [REDACTED] from 08/29/2014:1. Cervical facet arthropathy.2. Lumbar facet arthropathy.3. Cervicogenic headache. According to this report, the patient complains of low back pain. The patient reports a recent flareup of his pain which he describes as pins and needles at a scale of 10/10. Pain is constant and brought on with all movements and nothing seems to help. He is taking his medications as indicated. The examination shows there is loss of lumbar lordosis. Normal lumbar contour is well preserved. He has an antalgic gait. The patient is able to do toe stand and heel stand. Tandem walking is difficult. There is tenderness to palpation bilaterally over the lumbar paraspinal, more on the right than the left. Lumbar facet stress test is positive. Motor strength examination is 5/5. Sensation is decreased in the right L5, S1 dermatome. Deep tendon reflexes are 2/4. The reports include an EMG from 04/30/2014 and 08/21/2014 and a QME report from 07/11/2014. The utilization review denied the request on 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines MTUS guidelines CRITERIA FOR USE OF OPIOIDS MTUS page 78 On-Going Management Page(s).

Decision rationale: This patient presents with low back pain. The treating physician is requesting Norco 10/325 mg #90. For chronic opiate use, the MTUS Guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 on ongoing management also required documentation of 4As 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 04/11/2014. The 04/11/2014 report notes that the medications are "helping a little." The treating physician also mentioned tapering of Norco. CURES report from 03/14/2014 was noted on this report, but was not made available for review. The 06/06/2014 report shows that the patient continues to complain of pain all over at a rate of 10/10. He is doing his home exercise program and is taking his medications. The patient is taking Norco 10/325 mg 4 times a day and is trying to cut back. He finds Mobic and nortriptyline helpful. No adverse side effects were reported in any of these medications. The 07/18/2014 report notes that the patient continues to complain of sharp, burning, throbbing, pins and needles, tingling, and numbness pain at scale of 10/10. He is not receiving any active therapy and is complaining of pain and tightness in the upper extremities more so than the headaches. In this case, the treating physician does not discuss medication efficacy. The treating physician does not provide pain scales, no specific regarding ADLs, no significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessments" as required by MTUS. While the treating physician mentions the CURES report from 03/14/2014, it was not made available to determine its result. The request is not medically necessary.

Lidoderm 5% #30 (Refill x 4): 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 MTUS Guidelines states, topical lidocaine MTUS also states, Lidocaine Indication Page(s): 57,1. Decision based on Non-MTUS Citation MTUS Guidelines page 57 states, topical lidocaine MTUS Page 112 also states, Lidocaine Indication

Decision rationale: This patient presents with low back pain. The treating physician is requesting Lidoderm 5% #30 with 4 refills. MTUS guidelines page 57 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use

with outcome documenting pain and function. The records show that the patient was prescribed Lidoderm patches on 08/29/2014. However, Lidoderm is indicated for patients with localized peripheral neuropathic pain which this patient does not present with. It appears that the treating physician is requesting Lidoderm patches for the patient's low back pain which is not supported by the guidelines. The request is not medically necessary.

Lumbar trigger point injections (DOS 8/29/14): 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 MTUS Guidelines under its chronic pain Page(s): 122.

Decision rationale: This patient presents with low back pain. The treating physician is requesting a lumbar trigger point injection. The MTUS Guidelines page 122 under its chronic pain section states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value. It is not recommended for radicular pain. MTUS further states that all criteria need to be met including: documentation of trigger point; symptoms persists more than 3 months; medical management therapy; radiculopathy is not present; no repeat injections unless greater than 50% relief is obtained for 6 weeks, et cetera. The records show that the patient received a trigger point injection on 07/18/2014. It appears that the treating physician went ahead and performed another TPI on 08/29/2014 before UR denied it on 09/25/2014. The 09/26/2014 handwritten report notes, "TPI not helpful." Given no functional improvement including at least 50% documented pain relief from previous trigger point injections, the requested lumbar trigger point injection performed on 08/29/2014 was not medically necessary. The request is not medically necessary.