

Case Number:	CM14-0173692		
Date Assigned:	10/24/2014	Date of Injury:	09/18/2003
Decision Date:	12/31/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/21/2014

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 Emergency Medicine and is licensed to practice in New York. 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 injured worker is a 54-year-old female who was injured on September 18, 2003. The injured worker continued to experience low back pain. Physical examination was notable for normal posture, normal gait, tenderness over the lumbar paraspinals, normal muscle tone and strength in both lower extremities. Diagnoses included lumbar postlaminectomy syndrome, chronic lumbar discogenic pain, chronic myofascial pain, and chronic pain related anxiety and insomnia. Treatment included surgery, physical therapy, and medications. Requests for authorization for Fioricet with codeine #180 and Lidoderm patch 5% #30 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet with Codeine #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 23, 74-96. Decision based on Non-MTUS Citation Drugs for Pain, Treatment Guidelines from The Medical Letter, April 1, 2013 (Issue 128) page 31

Decision rationale: Fioricet with codeine is a compounded analgesic containing barbiturates, acetaminophen, caffeine, and codeine. Barbiturate containing analgesics (BCA's) are not recommended for chronic pain. Codeine is an opioid medication. Chronic Pain Medical Treatment Guidelines state that opioids are "not recommended as a first line therapy." Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The injured worker should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the quantity of request medication indicates long-term use. There is no documentation that the injured worker has obtained analgesia. In addition, there is no documentation that the injured worker has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This medication contains drugs that are not recommended. Therefore the request is not medically necessary.

Lidoderm 5% Transdermal Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm Patches

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case the injured worker had been using Lidoderm patches since at least April 2014 and had not obtained analgesia. Criteria for use of Lidoderm patches have not been met. The request is not medically necessary.