

Case Number:	CM14-0192108		
Date Assigned:	11/25/2014	Date of Injury:	02/03/2011
Decision Date:	01/13/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/17/2014

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 55 year old male with an injury date of 02/03/11. The 10/16/14 report states that the patient presents with increased lower back pain with right lower extremity numbness and weakness along with headaches and blurred vision, stress, anxiety and loss of sleep due to pain. The patient also presents with right foot pain and now requires a wheelchair. It is not stated whether or not the patient is working. The pain is rated 6/10. Examination of the lumbar spine reveals significant lumbar sacral tenderness and muscle spasm along with moderate pain with adductor insertion at the right medial hip. Examination also shows medial tibial tenderness of the calves to be moderate to severe; the right ankle is in a stabilizing ankle brace; and medial foot tenderness. Neurological examination reveals pain inhibited 3/5 weakness of the right lower extremity with 4/5 sensitivity to touch right L5, S1. The patient's diagnoses include: Right foot contusion with tarsometatarsal joint arthrosis and reactive osseous changes per 04/16/11 P&S report: 1st phalanx nail bed, paronychia infection; 1st and 2nd metatarsal phalangeal pain; 1st or medial cuneiform pain; plantar fasciitis; right medial calf posterior tibial strain due to compensatory gait; right medial adductor strain at right thigh and groin; anxiety and depression related to chronic pain now aggravated by denied treatment; right knee effusion, derivative injury to right foot pain and over manipulation at physical therapy 12/30/13; and complex regional pain syndrome. Current medications are listed as Buspirone, Lyrica, Duloxetine, Flector patch, Docusate, Omeprazole, Zorvolax, Pennsaid solution, Lidoderm patch, Lidocaine liquid, Levetiracetan, Keppra and Ambien. The utilization review being challenged is dated 10/16/14 and report provided was dated 10/16/14. Right foot contusion with tarsometatarsal joint arthrosis and reactive osseous changes per 04/16/11 P&S report: 1st phalanx nail bed, paronychia infection; 1st and 2nd metatarsal phalangeal pain; 1st or medial cuneiform pain; plantar fasciitis;

right medial calf posterior tibial strain due to compensatory gait; right medial adductor strain at right thigh and groin; anxiety and depression related to chronic pain now aggravated by denied treatment; right knee effusion, derivative injury to right foot pain and over manipulation at physical therapy 12/30/13; and complex regional pain syndrome. Current medications are listed as Bupirone, Lyrica, Duloxetine, Flector patch, Docusate, Omeprazole, Zorvolax, Pennsaid solution, Lidoderm patch, Lidocaine liquid, Levetiracetan, Keppra and Ambien. The utilization review being challenged is dated 10/16/14 and report provided was dated 10/16/14. 1. Right foot contusion with tarsometatarsal joint arthrosis and reactive osseous changes per 04/16/11 P&S report2. 1st phalanx nail bed, paronychia infection3. 1st and 2nd metatarsal phalangeal pain4. 1st or medial cuneiform pain5. Plantar fasciitis6. Right medial calf posterior tibial strain due to compensatory gait7. Right medial adductor strain at right thigh and groin8. Anxiety and depression related to chronic pain now aggravated by denied treatment9. Right knee effusion, derivative injury to right foot pain and over manipulation at physical therapy 12/30/1310. Complex regional pain syndromeCurrent medications are listed as Bupirone, Lyrica, Duloxetine, Flector patch, Docusate, Omeprazole, Zorvolax, Pennsaid solution, Lidoderm patch, Lidocaine liquid, Levetiracetan, Keppra and Ambien. The utilization review being challenged is dated 10/16/14. Only one report is provided dated 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #50 tid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: The patient presents with lower back, right lower extremity, right foot, calf, right hip and right ankle pain. The treating physician's request is for Norco10/325 mg #50 tid per request of unclear date. The 10/16/14 utilization review states this request is dated 10/08/14. 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, activities of daily livings (ADLs), adverse side effects, and adverse 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." The sole report provided does not discuss this medication. The reports do not state if the patient is starting or continuing Norco. No opiates/narcotics are listed as prescribed medications; however, the report does state that the patient signed an opiate contract 07/25/13. In light of the patient's chronic pain, the opiate contract from 2013 and the treating physician request, the patient appears to be a long term opiate user. The treating physician states the patient's right foot, back pain and lower extremity pain has increased due to denial of treatment. Pain is rated through the use of a pain scale at 6/10; however, as only one report is provided and there is no objective measure of a change in the patient's pain. The reports do not state how this medication helps this patient to

function better. The treating physician states the patient's ADLs have deteriorated due to the severity of pain. Furthermore, the patient has difficulty ascending and descending stairs, can stand for no longer than 15 minutes, cannot drive and cannot tolerate riding as a passenger for long distances. However, this information does not demonstrate a significant change with use of Norco. Other than citing the pain contract, opiate management issues are not documented. No Urine Toxicology reports are provided or discussed nor is there discussion of side effects or adverse behavior. CURES are not mentioned and no outcome measures are provided. Furthermore, MTUS page 60 requires a record of pain and function when medications are used for chronic pain. Therefore, this request is not medically necessary.

Lidoderm Patch 5% #30, 1 patch daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56, 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm Patches

Decision rationale: The patient presents with lower back, right lower extremity, right foot, calf, right hip and right ankle pain. The treating physician requests for Lidoderm patch 5% #30, 1 patch daily, per 10/02/14 request noted in 10/16/14 report. The MTUS guidelines, section Lidoderm (lidocaine patch) on pages 56, 57 has the following indication regarding neuropathic pain: It is also indicated for peripheral and localized pain. However, when reading Official Disability Guidelines (ODG), this peripheral and localized pain is that of neuropathic pain. The reports provided show that the patient is starting this medication on 10/02/14 and the treating physician states it is for nerve pain in the foot. In this case, the patient has chronic foot pain following a right foot contusion and this medication is indicated for localized neuropathic pain. Therefore, this request is medically necessary.

Lidocaine liquid 4%, 50 ml qid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 112.

Decision rationale: The patient presents with lower back, right lower extremity, right foot, calf, right hip and right ankle pain. The treating physician requests for Lidocaine Liquid 4%, 50 ml qid, per the 10/02/14 request noted in the 10/16/14 report. MTUS guidelines on page 112 state regarding Lidocaine, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The reports show the patient started this medication 10/02/14 for foot pain. In this case, Lidocaine liquid is not

recommended for topical formulation. The MTUS guidelines only recommend this medication in patch form. Therefore, the request is not medically necessary.