

Case Number:	CM14-0022951		
Date Assigned:	07/02/2014	Date of Injury:	04/05/2010
Decision Date:	08/05/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 injured worker is a 35-year-old male with a reported date of injury on 04/05/2010. The injured worker had an exam on 01/29/2014. The injured worker continued to complain of back pain, neck pain, and decreased painful range of motion. The list of medications consisted of Norco, Motrin, and Lidoderm patch. There was no record of the efficacy of his medications, nor was there any record of any previous treatments or home exercise program provided. His diagnoses consisted of lumbar sprain/strain, neck sprain and strain, thoracic sprain and strain, and chronic pain syndrome. The recommended plan of treatment was to request for acupuncture treatment of the neck and the back and to renew his medications. The injured worker did have a urine test performed on 10/08/2013, which does indicate the use of hydrocodone, which is confirming the prescription for his Norco. There was not a Request for Authorization, nor was the rationale provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5%, #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 Topical Analgesic Page(s): 111-113.

Decision rationale: The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug or drug class that is not recommended. The Lidoderm patch has been designated for neuropathic pain. It is also used for diabetic neuropathy. There have been no diagnoses regarding any neuropathic pain, nor any diagnoses regarding any diabetes. For non-neuropathic pain, it is not recommended. Also, there is a trial tested that 4% of the lidocaine for treatment showed that there was no superiority over a placebo. The request suggests a Lidoderm patch 5%, which is over the tested amount. Furthermore, there were no directions regarding frequency or duration, or the placement of the patch. Therefore, the request for the Lidoderm patch is non-certified.

NORCO 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: The California MTUS Guidelines do recommend ongoing review and documentation for monitoring of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug-related behaviors. There is a lack of documentation of evidence of pain relief, there are no side effects mentioned, and there is not a physical or psychosocial functioning deficit provided. There was; however, a urinalysis drug screen test done on 10/08/2013, which is consistent with positive Norco that confirms the prescription medication. Furthermore, the Norco request does not specify directions as far as frequency and duration. Therefore, the request for Norco is non-certified.