MAXIMUS Federal Services

Case Number:	CM14-0033116		
Date Assigned:	06/20/2014	Date of Injury:	08/30/1996
Decision Date:	07/23/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/17/2014

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, and is licensed to practice in Texas. 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 44-year-old injured on August 30, 1996 while pulling a roll of fabric that tore through a plastic wrapper and hyperextended his back. The most recent note dated February 7, 2014. The injured worker was being seen for chronic back pain. He had a flare up last month with increased pain and paresthesias in the buttocks, he tried walking this month, which resulted in another flareup. Continues with low back pain. He reports, "listening to his body more and resting when needed". Pain worse this month due to weather change. Balance worse this month, using a walking stick. Legs will give out, he fell x 3. New complaint of right flank pain, when pressure is applied the injured worker has pain in the medial right thigh. Physical examination weight 249 lbs., height 74 inches, BMI is 32.1. Current medication Ambien as needed, Lidoderm patches, Ibuprofen 800mg three times daily, Norco 10/325mg 1 pill twice daily, as needed physical examination T10 to T12 and L2 to L5 spinous process tenderness to palpation plus bilateral trapezius spasm and occiput tenderness to palpation, mid-thoracic through lumbar paraspinal and lumbar muscle spasm and tenderness. Cervical range of motion flexion to 60 degrees, extension to 10 degrees, right and left rotation to 40 degrees. Lumbar range of motion forward flexion to 40 degrees. Gait and position changes, antalgic and stiff. Gait steady by walking stick. Sensory right lower extremity light touch sensory loss over the lateral thigh, anterior lower leg. Strength in the right lower extremity is 3/5 with spastic movements. Right foot 2/5 with clonus like delayed movement, left lower extremity 3/5, left foot 3/5 with clonus like delayed movements. Diagnoses are chronic pain syndrome. Lumbago. Spasm of muscle. Thoracic or lumbosacral neuritis or radiculitis. MRI of the lumbar spine dated January 10, 2013 status post L4 and L5 laminectomy. Spinal stenosis at numerous levels due to congenitally short pedicles. L5-S1 there is a 2-3mm broad based disc bulge, as well as facet arthrosis at this level. These findings caused severe bilateral neuroforaminal narrowing and

spinal stenosis. L4-5 status post L4 laminectomy there is a 2-3mm broad based disc bulge at this level as well as facet hypertrophy resulting in severe bilateral neuroforaminal narrowing. There is no spinal stenosis due to the previous laminectomy. At the L3-4 level, 2-3mm broad based disc bulge and facet hypertrophy resulting in moderate to severe bilateral neuroforaminal narrowing at this level as well as spinal stenosis. L2-3, a 2mm broad based disc bulge, facet ligamentum flavum hypertrophy resulting in moderate spinal stenosis and moderate bilateral neuroforaminal narrowing. The request is for Lidoderm patches 1-2 patches 12 hours on and 12 hours off #60. Norco 10/325mg 1 tab by mouth twice daily as needed #60. Motrin 800mg 1 pill by mouth three times daily for 1 month #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 1-2 patches 12 hours on and 12 hours off #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic, page(s) 111 Page(s): 111.

Decision rationale: The clinical documentation submitted for review and current evidence based guidelines do not support the request for Lidoderm patches. Topical lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] anti-depressants or an AED [anti-epileptic drug] such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request for Lidoderm patches, sixty count, is not medically necessary or appropriate.

Norco 10/325mg PO tablet 1 tab by mouth BID x PRN #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, opioids.

Decision rationale: The clinical documentation does not support the request for Norco 10/325. There is no documentation of functional improvement, or decrease in pain. There are no urine drug test results. The request for Norco 10/325mg, sixty count, is not medically necessary or appropriate.

Motrin 800mg PO Tablet take 1 pill by mouth TID x1 month #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, page(s) 67-73 Page(s): 67-73.

Decision rationale: NSAIDs are recommended for acute pain, acute low back pain, short term pain relief in chronic low back pain, and short term improvement of function in chronic low back pain. There is no documentation of functional improvement, or decrease in pain. The request for Motrin 800mg, ninety count, is not medically necessary or appropriate.