

Case Number:	CM14-0034768		
Date Assigned:	06/20/2014	Date of Injury:	02/04/2003
Decision Date:	09/16/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/20/2014

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 & 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 60-year-old female who reported an injury on 02/04/2003. The mechanism of injury was not provided within the medical records. The clinical note dated 02/18/2014 indicated diagnoses of pain in joint of the shoulder region, lumbago, thoracic lumbosacral neuritis/radiculitis unspecified, cervicalgia, intervertebral lumbar disc disease without myelopathy of the lumbar region, and degenerative lumbar lumbosacral intervertebral disc. The injured worker reported chronic severe neck, back, and right shoulder pain. The injured worker reported she used Norco on an as needed basis only. The injured worker reported she also used Ibuprofen and Lidoderm patches to manage her pain. The injured worker reported that she could not sleep for more than 40 minutes at a time due to pain. The injured worker reported her low back and leg issues are her biggest complaint, as these affect her function the most. The injured worker reported that the average pain with the medication was 4/10 and she rated her pain 7/10. The injured worker reported the medications prescribed were keeping her functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. No side effects were associated with these. On physical examination of the cervical spine, there was tenderness to palpation over the paraspinals at C6-7 with decreased range of motion. On physical examination of the lumbar spine, there was tenderness to palpation over the paraspinals at the L4-5 with decreased range of motion. The injured worker had a positive straight leg raise bilaterally at 50 degrees to the left and 65 degrees to the right with radiating pain bilaterally with a positive Lasegue's bilaterally. The injured worker's sciatic notch was tender bilaterally. The injured worker had a decompensated sagittal plane posture and spasms in the right lumbar. The injured worker's strength was decreased to the right upper extremity with the right biceps 4+, right wrist extensors 4+, and the injured worker's lower extremity was decreased with left quads at 4+, left hamstring at 4+, and left tibialis anterior 3+, and left extensor hallucis longus at 3+.

The injured worker's left plantar and dorsiflexors were 4+, right quadriceps, right hamstrings were 4+, right tibialis, right extensor hallucis longus were 4+ and right plantar was 4+. The injured worker's right dorsiflex was 3+. The injured worker had decreased sensation to pin at the left L4 and decreased left L5-S1. The injured worker had decreased sensation at the right C5, decreased sensation at the right L4, and decreased at the right L5. The injured worker's right shoulder exam revealed tenderness over the AC joint with limited range of motion and pain. The injured worker had a signed opiate agreement. The injured worker's treatment plan included follow-up in 4 months, urine toxicology, formal sleep study, medications as outlined, and re-authorization for a 1 year gym membership. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for Lidoderm 5% patch, Ibuprofen, and Norco. The injured worker's medication regimen included Lidoderm, Ibuprofen, Norco, Ambien, and Intermezzo. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch 60 count times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The guidelines indicate that topical Lidocaine (Lidoderm) 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). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. It was not indicated if the injured worker had tried a first-line therapy, such as Gabapentin or Lyrica. In addition, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.

Ibuprofen 800 mg 90 count times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The MTUS Guidelines recognize ibuprofen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. It was not indicated how long the injured worker had been utilizing this medication. Moreover, the

request does not indicate a frequency. Therefore, the request for ibuprofen is not medically necessary.

Norco 10/325 mg 60 count times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, criteria for use Page(s): 91, 78.

Decision rationale: The MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's evaluation of risks for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency for this medication. Additionally, it was not indicated how long the injured worker had been utilizing this medication. Therefore, the request for Norco is not medically necessary.