

Case Number:	CM14-0034912		
Date Assigned:	06/23/2014	Date of Injury:	09/04/2011
Decision Date:	07/28/2014	UR Denial Date:	03/12/2014
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 83-year-old female who worked as a greeter. On 9/4/11, she got overheated, fainted and injured her low back and head. On 5/16/13, the injured fell and injured her low back, right shoulder, left thumb, left elbow and bilateral knees and feet. The electrocardiogram (EKG) dated 9/27/12 was abnormal. Prior treatment included medications consisting of hydrocodone (started 9/8/11), Lidoderm patch (started 10/14/11), Motrin, Flexeril, tramadol, Soma and physical therapy (not helpful). History is positive for diabetes mellitus and heart disease requiring a pacemaker. On 7/18/13, the patient reported two episodes of her legs giving out because of pain. The injured worker was only using medications at nighttime as opposed to utilizing them during the daytime. The diagnoses were lumbosacral spondylosis and myalgia and myositis. The recommended treatment included refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #90 times 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone; Opioids Page(s): 21; 75-76, 91.

Decision rationale: In accordance with Chronic Pain Medical Treatment Guidelines, ongoing opioids are not recommended for chronic pain unless various other criteria are met. However, in patient of advanced age, opioids pose a high fall risk and are, therefore, not medically necessary.

Lidoderm patch 5% #30 times 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm; Topical Analgesics Page(s): 56; 111-113.

Decision rationale: Lidocaine patches are not recommended for arthritis or muscle pain. There is also no evidence in the documents available for review of trials of the requested agents. According to the MTUS, Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine 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). This is not a first-line treatment and is only Food and Drug Administration (FDA) approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Therefore, the request is not medically necessary.