MAXIMUS Federal Services

Case Number:	CM14-0036353		
Date Assigned:	06/25/2014	Date of Injury:	07/02/2010
Decision Date:	08/07/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/25/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 was a 54-year-old female who was being followed for low back pain after an industrial injury. The date of injury was 07/02/2010. The mechanism of injury was climbing a ladder and twisting while holding product. Her prior treatment had included non-steroidal anti-inflammatory drugs (NSAIDs), opioids, Physical therapy and Chiropractic therapy. The history was pertinent for lumbar microdiskectomy on the left at L3-L4 and L5-S1 on 06/27/13. The pain was reportedly somewhat decreased compared to before surgery. Her pain was in low back with radiation down to left lower extremity. The most recent progress notes was from 02/10/14. Her subjective symptoms included low back pain worse with weather changes. She had to lay down after a few hours of standing and sitting. She had to recline for thirty minutes in order to be up and around for a few hours. The injured worker was reportedly requiring Nucynta and Celebrex with occasional Norco. Her medications included Norco 5/325mg one tablet every four to six hours, Celebrex, Lidoderm patch, Nucynta ER 250mg every twelve hours and Zofran 8mg every six hours as needed. Her diagnoses included lumbar sprain/strain and lumbar vertebral herniated nucleus pulposus L3-L4. The treatment plan included refilling Celebrex 200mg #60, Norco 5/325mg #540, Lidoderm patch, Nucynta ER 250mg #60, and Zofran 8mg #30. The injured worker was instructed to remain off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #540: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 84-88.

Decision rationale: The injured worker was being treated for low back pain with radiculitis. She had been treated with Percocet in past which was causing side effects. She was taking Nucynta 250mg every twelve hours along with Norco 5/325mg as needed for pain. According to the MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, the MTUS recommends that dosing of opioids should not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Rarely and only after pain management consultation, should the total daily dose of opioid be increased above 120mg oral morphine equivalents. In this case, the injured worker was being treated for low back pain and was on Nucynta 250mg by mouth every twelve hours post-operatively along with Norco. The documentation available doesn't include urine drug screen or controlled Substance Utilization Review & Evaluation System (CURES) report to address aberrant behavior. The injured worker was reported not to be working and there is no evidence that there is functional improvement with such high doses of opioids. In addition, the dosing is much more than the recommended 120mg MEDs with Nucynta accounting to about 183mg and Norco accounting to 90mg per day if she was taking 540 tablets of Norco in one month. Given the lack of clear documentation on functional improvement and lack of efforts to rule out unsafe usage and the dosing that is much higher than the recommended dosing, the criteria for continued use of Norco 5/325mg #540 tablets is not met. As such, the request is not certified.

Lidoderm patch 5%, generic form, twelve hours on, twelve hours off, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: The injured worker was being treated for low back pain and radiculitis that was persistent after micro diskectomy. Her prior medications included non-steroidal anti-inflammatory drugs (NSAIDs), opioids, proton pump inhibitors, and Zofran. The request was for Lidoderm patch. According to the MTUS Chronic Pain Guidelines, Lidocaine is recommended for localized peripheral pain due to neuropathy after there has been evidence of a trial of first line therapy with anti-depressants or an anti-epileptic drug (AED) such as Gabapentin or Lyrica. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The employee had not had a trial of first line medications including Tricyclic/ norepinephrine reuptake inhibitor (SNRI) antidepressants or an AED. Even though the symptoms are suggestive of lumbar radiculopathy,

there are no imaging or electrodiagnostic studies to corroborate the diagnoses. Hence, the Lidoderm patch is not medically necessary or appropriate. The request is not certified.