

Case Number:	CM14-0042862		
Date Assigned:	06/30/2014	Date of Injury:	08/16/2006
Decision Date:	08/25/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 patient is a 65-year-old male with an 8/16/06 date of injury with a diagnosis of low back syndrome. The patient remains off work and has chronic low back pain. 7/21/14 progress note described ongoing neck and low back pain. The patient is improved since the last epidural on 6/17/14. Norco use has decreased down to 4 q.d. Medications were refilled. 5/22/14 progress note described ongoing low back pain with radiation to the left lower extremity that increases with physical activities. Clinically, there was pain, crepitus, and swelling of both the cervical and lumbar spine, decreased grip strength, and positive left SLR. Treatment plan discussed medications. Norco 10/325 mg was increased to 2 t.i.d. #180. 3/5/14 progress note described low back pain that increases with lifting, standing, walking, and with cold weather. Last UDS was noted to be on 7/7/13. 2/5/14 progress note discussed continuing medications that improve activities of daily living. The patient had complaints of low back and left shoulder pain. Medications were refilled. 1/9/14 progress note described ongoing low back pain. 7/8/13 UDS revealed the presence of Norco. No illicit drugs were detected. Medication review indicated that opioids have been prescribed since at least 2013, as well as the Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm #60: 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 Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain Chapter, Lidoderm Patches.

Decision rationale: Medical necessity for the requested Lidoderm is not established. This request previously obtained an adverse determination, as there was little clinical evidence of neuropathic pain. Additional medical records have been provided, and in fact the patient appears to have neuropathic pain. Lidoderm patches have been prescribed since at least 2013, however there is little discussed regarding reduction in VAS pain scores, reduction in PO medications, or specific functional improvement from the use of a Lidoderm patch. CA MUTS requires documentation of failure of first line therapy options, such as antidepressants or gabapentin/Lyrica. This has not been addressed. Without documentation of continued functional improvement, and failure of first line treatment options, the request is not medically necessary.

Norco #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81; 79-80. Decision based on Non-MTUS Citation Opioid Therapy for Chronic Pain, Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D., N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411 http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf.

Decision rationale: Medical necessity for the requested Norco is not established. This request was partially certified in order to allow for tapering, as there was no documentation of specific pain relief or objective functional improvement from continued opioid medication use. Although additional medical records have been provided, there remains no documentation of reduction in subjective VAS scores or specific functional improvement from the prescribe opioid. It appears that the patient has been utilizing this medication for over a year, however there is no recent urine drug screen evaluating for compliance, no documentation of a pain contract, and no discussion regarding continued efficacy. Although some patients continue to utilize chronic opioid medications for pain management, guidelines require their careful and thorough evaluation of ongoing efficacy including measurable subjective and/or functional benefit with prior use, as well as current urine drug test, risk assessment profile, attempts at weaning/tapering, and an updated and signed pain contract between the provider and claimant. The request is not medically necessary.