

Case Number:	CM14-0045937		
Date Assigned:	07/02/2014	Date of Injury:	06/28/2007
Decision Date:	08/06/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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 Texas and Florida. 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 52 year old who was injured on 6/28/2007. The diagnoses are abdominal pain, status post lumbar spine fusion, lumbar radiculitis and low back pain. There are associated diagnoses of insomnia and neuralgia. The patient has a history of GERD. The past surgery history is significant for lumbar spine surgeries in 2008 and 2010. The patient completed more than 24 PT sessions and 5 lumbar epidural steroid injections. On 2/18/2014, [REDACTED] noted subjective complaints of low back pain radiating to the right lower extremity. There was associated numbness, burning and tingling sensations. The pain score was noted to be 3/10 on a scale of 0 to 10 with medications. The medications are Norco, nebumetone, Lidoderm patch and topical TgHot /Fluriflex cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal and neuropathic pain. Opioids could be utilized for the short term treatment of severe pain during acute injury or periods of exacerbation of chronic pain that is non responsive to standard NSAIDs, PT and exercise. Opioids can also be utilized for maintenance treatment of patients who have exhausted all modalities treatment including surgeries, interventional pain management, behavioral modification and psychiatric treatments. The record indicate that the patient completed lumbar spine surgeries, more than 24 PT, 5 epidural steroid injections and non opioid medication management. The criteria for chronic treatment with Norco 10/325mg, #60 was met.

1 prescription for Lidoderm patches 5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-113.

Decision rationale: The CA MTUS addressed the use of topical lidocaine in the form of Lidoderm for the treatment of localized neuropathic pain. Lidoderm is indicated as a second-line medication for the patients who have failed treatment or cannot tolerate first-line medications such as anticonvulsants and antidepressants. The record did not show that the patient have failed treatment with these first-line medications. The diagnosis is low back pain not localized neuropathic pain. The criteria for Lidoderm patch 5%, #30 was not met.

1 prescription for topical compound Tg Hot and Fluriflex creams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73, 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic pain osteoarthritis. Topical analgesic preparations can be utilized in the treatment of neuropathic pain when trials of anticonvulsant and antidepressant medications cannot be tolerated or have failed. The record did not show that the patient have failed the first-line medications. There is no guideline support for the use of compound topical preparations. The use of topical compound TgHot and Fluriflex creams have not been met.