

Case Number:	CM14-0046849		
Date Assigned:	07/02/2014	Date of Injury:	11/06/2009
Decision Date:	09/05/2014	UR Denial Date:	04/05/2014
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 Physical Medicine and 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 73-year-old female who reported injury on 11/06/2009. Prior therapies included surgical, physical therapy, and opiate medications. The injured worker had undergone urine drug screens and a review of CURES report. They were both found to be appropriate. The injured worker's medication history included opiates as of at least 2011. The documentation of 03/11/2013 revealed the injured worker needed a refill of medications and the medications helped decrease symptoms. The injured worker was noted to be able to continue to work. The objective findings revealed tenderness to the paraspinals and decreased range of motion. The diagnoses included status post right total hip replacement 08/26/2010, right knee scope on 01/12/2010 and lumbar spine sprain/strain. The treatment plan included a refill of Lortab and Lidoderm patches. There was no DWC Form RFA provided.

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 (THROUGH [REDACTED])

[REDACTED]): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional benefit, and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behaviors and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing this classification of medication since at least 2011. There was a lack of documentation of objective functional benefit and an objective decrease in pain. There was documentation the injured worker was being monitored for aberrant drug behavior through urine drug screen and the CURES reporting. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription Norco 10/325 mg #60 (through [REDACTED]) is not medically necessary.

1 Prescription for Lidoderm patches 5%, #30 (through [REDACTED]):
Upheld

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

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

Decision rationale: The California MTUS 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The duration of use could not be established through the supplied documentation. The clinical documentation submitted for review failed to provide the medication was giving objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription for Lidoderm patches 5% #30 (through [REDACTED]) is not medically necessary.