

Case Number:	CM14-0047349		
Date Assigned:	07/02/2014	Date of Injury:	03/08/2005
Decision Date:	09/24/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/15/2014

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, 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 injured worker is a 55-year-old female who reported an injury on 03/08/2005 caused by unspecified mechanism. The injured worker's treatment history included medications, EMG/NCV studies, and MRI studies. The injured worker was evaluated on 02/25/2014 and it was documented the injured worker complained of lower back pain with radiation to the left lower extremity and burning sensation in her thighs. She also had intermittent numbness in her left foot. The numbness had remained stable. Stomach irritation with the use of pain medication, intermittent. Secondary depression, insomnia, and anxiety to due chronic pain. Physical examination of the lumbar spine revealed slight spasm noted of the paralumbar region bilaterally. There was mild to moderate muscle spasm, greater on the left than the right. There was also tenderness in the lumbosacral area, greater on the left than the right. Straight leg raise test was positive to the left at 80 degrees in the sitting position, producing posterior thigh and hip pain. Diagnoses included left lumbar radiculitis, status post lumbar surgery with mild intermittent radicular symptoms and residual pain, and GI upset intermittently due to pain medication. It was noted in the documentation that the pain level of the injured worker was a 5/10. Medications included Soma, Norco, Prilosec, and Lidoderm patches. The Request for Authorization or rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg. #120 with three (3) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief for the injured worker. There was no urine drug screen submitted for opioid compliance. There was lack of documentation of long-term functional improvement goals for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Norco 5/325 mg # 120 with 3 refills is not medically necessary.

Soma 350mg. # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Antispasmodics; Carisoprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The request lacked frequency and duration of medication. Duration of medication could not be determined through documentation. In addition, the guidelines do not recommend Soma to be used for long-term use. Given the above, the requested Soma 350 mg #60 not medically necessary.

Lidoderm Patches # 15 with three (3) 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 Page(s): 56, 57.

Decision rationale: The California MTUS Guidelines indicate that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for post herpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the outcome measurements of home exercise regimen and long-term functional goals for the injured worker. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the

requested medication. Given the above, the request for Lidoderm patches # 15 with 3 refills is not medically necessary.