

Case Number:	CM14-0050572		
Date Assigned:	06/25/2014	Date of Injury:	06/20/2003
Decision Date:	07/25/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/24/2014

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 Illinois. 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 35-year-old male who reported an injury on 06/20/2003; the mechanism of injury was not provided within the medical records. The clinical note dated 01/30/2014 indicated diagnoses of long-term drug use; opioid dependence, continuous; postlaminectomy syndrome, lumbar region; muscle spasms; abnormal weight gain; sciatica; and low back pain. The injured worker reported that he visited the hospital due to a yeast infection and open wounds. The injured worker reported he had stopped taking OxyContin. The injured worker's current level of Norco use was at the upper limits of acceptable. The provider discussed the possible opioid rotation or drug holiday should the medications become less effective due to tolerance. The provider noted that the injured worker used his medications appropriately, and the provider noted that he had no concerns. The injured worker's prior treatments included diagnostic imaging, surgeries and medication management. The injured worker's medication regimen included Lidoderm, Norco and Prilosec. The provider submitted a request for Lidoderm, Prilosec and Norco. A Request for Authorization dated 05/04/2014 was submitted for Lidoderm, Norco and Prilosec; however, the rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30 with 3 refills: Upheld

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

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

Decision rationale: The request for Lidoderm 5% #30 with 3 refills is not medically necessary. The California Chronic Pain Medical Treatment Guidelines states 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. It is not indicated if the injured worker has tried a first-line treatment, such as gabapentin or Lyrica. In addition, the documentation submitted did not indicate that the injured worker had findings that would support that he was at risk for postherpetic neuralgia. Additionally, Lidoderm is for short-term use. The injured worker has been prescribed Lidoderm since at least 05/09/2013; this exceeds the guideline recommendations for short term use. Furthermore, there was not enough complete physical assessment of the injured worker. Moreover, the documentation submitted did not indicate that the injured worker had findings that would support that he was at risk for neuropathic pain. Additionally, the request did not indicate a frequency for the medication. Therefore, the request for Lidoderm is not medically necessary.

Norco 10/325 mg #300 with 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, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #300 with 3 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The documentation submitted indicated that the injured worker has been on this medication since at least 09/10/2009. This exceeds the guideline recommendation for the short-term. In addition, there was not enough evidence of quantified functional improvement and efficacy with the use of this medication. In addition, there was not a significant evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request for Norco is not medically necessary.

Prilosec 20 mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20 mg #30 with 3 refills is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The injured worker does have a history of opioid use and acetaminophen use and would benefit from the Prilosec. However, there is not enough documentation of efficacy and functional improvement with the use of this medication. In addition, there was no complete physical assessment with the injured worker. Furthermore, the request did not indicate a frequency for the medication. Therefore, the request for Prilosec 20 mg is not medically necessary.