

Case Number:	CM14-0053728		
Date Assigned:	07/07/2014	Date of Injury:	08/18/2010
Decision Date:	11/21/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/22/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 18, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; topical agents; transfer of care to and from various providers in various specialties; and reported return to work. In a Utilization Review Report dated April 16, 2014, the claims administrator failed to approve request for hydrocodone, Flexeril, and Lidoderm patches. The applicant's attorney subsequently appealed. In a May 9, 2014 progress note, the applicant reported a recent flare in low back pain, resulting in his having to call in sick to work. The applicant stated that his medications were keeping his pain manageable, reducing his pain levels, and keeping him functional. The applicant is given a diagnosis of chronic low back pain. Hydrocodone/acetaminophen #60 was endorsed for severe pain purposes. It was acknowledged that the applicant was working through the aid of medications. The applicant was also given Lidoderm patches and Flexeril. A lumbar support was endorsed. The applicant was asked to continue home exercises and continue working without restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab). Decision based on Non-MTUS Citation Abbott Pharmaceutical 2004 and Official Disability Guidelines: Pain Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is reportedly deriving appropriate analgesia from ongoing hydrocodone/acetaminophen usage. The applicant has apparently achieved and/or maintained successful return to work status at [REDACTED] through ongoing medication use, the attending provider has posited. The ongoing usage of hydrocodone has reportedly facilitated the applicant's performance of home exercises. Continuing the same, on balance, was therefore indicated. Accordingly, the request is medically necessary.

Flexeril 10mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including Norco and Lidoderm. Adding cyclobenzaprine or Flexeril to the mix was not indicated. Therefore, the request is not medically necessary.

Lidoderm Patch 5% patch #30 with 1 refill: Upheld

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

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

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there is no evidence that first-line antidepressant adjuvant medications, and/or first-line anticonvulsant adjuvant medications were trialed and/or failed before topical Lidoderm was introduced. Therefore, the request is not medically necessary.

