MAXIMUS Federal Services

Case Number:	CM14-0068351		
Date Assigned:	07/14/2014	Date of Injury:	01/15/2008
Decision Date:	08/20/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/13/2014

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 patient is a 58 year old female who was injured on 01/15/2008. The mechanism of injury is unknown. The patient underwent right L2-3 transforaminal epidural steroid injection on 03/08/2013, 11/08/2013, 05/02/2014; all of which gave her greater than 60% pain relief. Progress report dated 04/03/2014 states the patient complained of back pain. She rated her pain as an 8-9/10 without medication and with medication a 5-6/10. She reported the medication allows her to exercise and take care of her home. On exam, she is unable to walk on her heels. Reflex of the right patella is diminshed when comparted to te left; and bilateral Achilles are diminished as well. Straight leg raise is positive and causes pain into the right groin and lateral leg. She is diagnosed with lumbar discogen pain. She did have a MRI of the lumbar spine on 06/24/2010 and it demonstrated spinal stenosis at L2-L4, postsurgical change at L5-S1, right-sided disk protrusion at L1-L2 and L4-L5. She was instructed to continue Norco #120, Relafen #120, Neurontin #120, Tramadol ER #120, and amitriptyline. She was also given a precription for Lidoderm patch with refill. Because her last injection gave her greater than 60% relief in pain, another TESI is being requested as well. Prior utilization review dated 04/28/2014 states the request for Norco 5/325 mg, QTY: 120 dispensed 4/3/14 and Tramadol ER 150 mg, QTY: 120 dispensed 4/3/14 are not certified as there is no documented evidence of pain relief, functional status, side effects and appropriate medication use. The request for Lidoderm 5% patch, QTY: 30 with 1 refill is denied as there is no evidence of a trial of first-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, QTY: 120 dispensed 4/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 81.

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

Decision rationale: MTUS guidelines recommend opioids for moderate to severe pain though efficacy of long-term use for chronic back pain or chronic neuropathic pain is not clearly established. In this case the patient is taking Norco on a long-term basis for chronic back pain and radiculopathy. However, medical records do not establish objective clinically significant functional improvement, pain reduction or reduction in dependency on medical care from use of this medication. Medical necessity is not established therefore, the request is not medically necessary and appropriate.

Tramadol ER 150 mg, QTY: 120 dispensed 4/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 81.

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

Decision rationale: MTUS guidelines recommend opioids for moderate to severe pain though efficacy of long-term use for chronic back pain or chronic neuropathic pain is not clearly established. In this case the patient is taking Tramadol on a long-term basis for chronic back pain and radiculopathy. However, medical records do not establish objective clinically significant functional improvement, pain reduction or reduction in dependency on medical care from use of this medication. There is a significant potential drug reaction with Amitryptiline. The request is not medically necessary and appropriate.

Lidoderm 5% patch, QTY: 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: According to MTUS guidelines Lidoderm patch is recommended for localized peripheral neuropathic pain when oral medications have failed. However, the patient does not have documented localized, peripheral neuropathic pain and continues to take oral medications of Neurontin and Amitryptiline. The request is not medically necessary and appropriate.