

Case Number:	CM14-0068603		
Date Assigned:	07/14/2014	Date of Injury:	08/27/2001
Decision Date:	09/16/2014	UR Denial Date:	05/06/2014
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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old female with a 8/27/01 date of injury, and status post bilateral carpal tunnel release x2 in each arm (undated), L5-S1 fusion October 2004, status post C4-C7 fusion June 2006, status post lipoma removal (undated), status post right trigger finger release March 2011, and status post spinal cord stimulator implant in 2012. At the time (4/17/14) of request for authorization for Norco 10/325mg #180 for dos 1/2/14 and 2/6/14, Norco 10/325mg #36 for dos 4/11/14, Lidoderm patches 5% #30 with 5 refills for dos 1/2/14, Protonix 20mg #30 with 5 refills for dos 1/2/14 and 2/6/14 was received on 04/29/2014, there is documentation of subjective (severe back pain and bilateral leg pain left greater than right, numbness and tingling in left leg, feels weak in her left leg especially with prolonged standing and walking and if she sits longer than about 10 minutes her left leg goes numb) and objective (4/5 muscle strength with right arm abduction, right forearm extension, and bilateral wrist extension, no swelling, edema or tenderness in any extremity, and normal muscle tone without atrophy in bilateral upper and lower extremities) findings, current diagnoses (lumbar post-laminectomy syndrome and lumbar disc displacement without myelopathy), and treatment to date (medications (including ongoing treatment with Norco, Lidoderm, Ibuprofen, Protonix, and Venlafaxine), physical therapy, and spinal cord stimulator). 4/25/14 medical report identifies Norco helps with prolonged standing and walking further with less pain and there is a signed opioid contract on file; patient has failed a trial of Lyrica; and patient reports gastrointestinal complications with NSAIDs and has previously failed Prilosec. Regarding Lidoderm patches 5% #30 with 5 refills for dos 1/2/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #180 FOR DOS 1/2/14 AND 2/6/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome and lumbar disc displacement without myelopathy. In addition, given documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation that Norco helps with prolonged standing and walking further with less pain, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #180 for dos 1/2/14 and 2/6/14 is medically necessary.

NORCO 10/325MG #36 FOR DOS 4/11/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-81.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of

medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome and lumbar disc displacement without myelopathy. In addition, given documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation that Norco helps with prolonged standing and walking further with less pain, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #36 for dos 4/11/14 is medically necessary.

LIDODERM PATCHES 5% #30 WITH 5 REFILLS FOR DOS 1/2/14: 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 (lidocaine patch) Page(s): 56-57.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome and lumbar disc displacement without myelopathy. In addition, there is documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (Lyrica) has failed. However, given documentation of ongoing treatment with Lidoderm, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm patches 5% #30 with 5 refills for dos 1/2/14 is not medically necessary.

PROTONIX 20MG #30 WITH 5 REFILLS FOR DOS 1/2/14 AND 2/6/14 WAS RECEIVED ON 04/29/2014: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG

identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome and lumbar disc displacement without myelopathy. In addition, there is documentation of gastrointestinal complications with NSAIDs and multiple NSAIDs. Furthermore, given documentation of failure of Prilosec, there is documentation that Protonix is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Protonix 20mg #30 with 5 refills for dos 1/2/14 and 2/6/14 was received on 04/29/2014 is medically necessary.