

Case Number:	CM14-0078105		
Date Assigned:	07/18/2014	Date of Injury:	01/17/2010
Decision Date:	09/19/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	05/29/2014

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 Nevada. 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 records, presented for review, indicate that this 34 year old female was reportedly injured on January 17, 2010. The mechanism of injury is undisclosed. The most recent progress note, dated June 18, 2014, indicated that there were ongoing complaints of low back pain with radiation into the left lower extremity. Treatment consisted of multiple medications. The physical examination demonstrated a slight reduction in left great toe extension and positive straight leg raising on the left and tenderness to palpation. Diagnostic imaging studies objectified postoperative changes. Previous treatment included lumbar laminectomy, physical therapy and multiple medications. A request was made for multiple medications and was non-certified in the preauthorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Lidoderm Patches (No Quantity Specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first line therapy including antidepressants or anti-epileptic medications. Review, of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first line medications. There are no physical examination findings to support a verifiable radiculopathy. Additionally, there is no data presented to suggest that this topical preparation has any efficacy or utility in terms of amelioration of symptomatology. As such, this request is not medically necessary.