

Case Number:	CM14-0080689		
Date Assigned:	07/18/2014	Date of Injury:	09/24/2009
Decision Date:	08/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/02/2014

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 injured worker is a 68-year-old male who was reportedly injured on September 24, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 8, 2014, indicates that there are ongoing complaints of low back pain radiating to the right and left thigh. Current pain medications include Norco and Celebrex. The physical examination demonstrated decreased lumbar range of motion with spasms. There was a normal lower extremity neurological examination. Physical therapy was recommended. Diagnostic imaging studies of the lumbar spine noted multilevel degenerative changes from L2-S1 and a mild compression deformity at L2 and L4. Previous treatment includes lumbar spine surgery consisting of a multilevel decompression, injections, as well as oral pain medications. A request was made for Norco and Lidocaine patches and was not certified in the pre-authorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #140 with 2 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
Page(s): 74-78.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include 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 clinical documentation of improvement in their pain or function with the current regimen. As such, this request Norco 10/325mg #140 with 2 refills is not medically necessary and appropriate.

Lidocaine Patch 5% #30: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. According to the most recent progress note dated May 8, 2014, there are no physical examination findings documenting radicular symptoms. Additionally, there is no mention that the injured employee has previously tried first line medications. For these reasons this request for the use of Lidocaine Patch 5% #30 is not medically necessary and appropriate.