

Case Number:	CM14-0086541		
Date Assigned:	07/23/2014	Date of Injury:	06/01/2010
Decision Date:	09/19/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/10/2014

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 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 injured worker is a 61 year old male who reported injury on 06/01/2010. The mechanism of injury was not provided. Diagnoses included diabetes, chronic left shoulder sprain, chronic right shoulder pain, chronic cervical pain, chronic lumbosacral pain, and chronic depression. The past treatments noted were Lumbar epidural steroid injection 07/11/2012 without improvement, and a psychiatric evaluation. There were MRIs noted from 2011 indicating mild left acromioclavicular joint disease, left C2-C3 through C6-C7 facet degenerative disease, and L4-L5 and L5-S1 degenerative disc disease and facet disease with mild bilateral foraminal stenosis. The clinical note dated 03/12/2014 noted the injured worker complained of pain to his neck, both shoulders, and low back, with numbness to the right shoulder area. The physical exam documented neck flexion to 30 degrees, extension to 20 degrees, right shoulder abduction to 70 degrees, flexion to 70 degrees, left shoulder abduction to 95 degrees, flexion to 100 degrees, and trunk/pelvis flexion to 45 degrees, with extension to 5 degrees. Medications listed were Lidoderm and Norco. The treatment plan requested a refill of Norco 10mg, one half to one by mouth every 6 hours as needed #120, and continues using Lidoderm pain patches one to three per day. The rationale for continuing Norco noted continued pain relief without significant side effects, increased physical and psychosocial functioning, and notes no aberrant behavior. The Request for Authorization form was submitted for review on 03/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, QTY 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-82, 91.

Decision rationale: The request for Norco 10/325 mg, QTY 120 is not medically necessary. The documentation provided indicated the injured worker had chronic back, neck and shoulder pain; however, the pain levels were not documented. Increased physical and psychosocial functioning was stated; however, it was not specifically documented or measured. The documentation also recommends the injured worker continue Norco use, however, it is unclear as to how long he has been using the medication. The California MTUS recommends Norco as a second-line medication, to be added to (not substitute for) treatment of moderate to moderately severe pain that is not satisfactorily reduced by first line drugs, such as, NSAIDs. There is a lack of documentation of the severity of the injured worker's pain and a lack of evidence of failed or continued first-line medication use. Norco is also recommended to be limited to short-term use (>16 weeks) for treatment of chronic back pain. There is a lack of documentation of the length of treatment with Norco. The California MTUS recommends continuing opioids if there is pain relief and functional improvement noted. There is a lack of evidence of measured pain relief or functional improvement with Norco use. As such, the continued use of Norco is unfounded at this time, and the request is not medically necessary.

Lidoderm patches, QTY: 60, with 3 refills: 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 Analgesics Page(s): 112.

Decision rationale: The request for Lidoderm patches, QTY 60, with 3 refills is not medically necessary. The injured worker had chronic neck, shoulder and back pain. The California MTUS guidelines recommend Lidoderm for neuropathic pain with localized peripheral pain only after a trial of first-line therapy (Tri-cyclic or SNRI anti-depressants, Gabapentin or Lyrica). The request does not indicate the location for which the medication is prescribed in order to determine the necessity of the medication. Given the lack of evidence suggesting failed first-line treatment, and lack of documentation of the prescribed location, the use of Lidoderm is unsupported. As such, the request is not medically necessary.