

Case Number:	CM14-0088487		
Date Assigned:	07/23/2014	Date of Injury:	03/20/1995
Decision Date:	09/22/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/12/2014

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 & Rehabilitation, and is licensed to practice in California and Washington. 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 54-year-old male who reported an injury on 03/20/1995. The mechanism of injury was not provided in the medical records. His diagnoses were not listed in the medical records. His previous treatments were noted to include medications, work restrictions, and use of a lumbar support. On 05/28/2014, the injured worker was seen for followup regarding his chronic low back pain and radicular symptoms to the right lower extremity. It was noted that he reported benefit from use of Lidoderm patches specified as pain control and increased stability to perform activities of daily living. It was also noted that his medication regimen facilitated his ability to perform his activities of daily living and prevented back spasm at night. The documentation indicated that he denied side effects from his current medications. His medications were noted to include Norco, Flexeril, Lidoderm patches, medical marijuana, Celexa, and atenolol. A treatment plan was not included within this clinical note. A request was received for Norco 10/325 mg and Lidoderm 5% patches. However, a rationale for these medications and the request for authorization form were not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): page 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The documentation submitted indicated that the injured worker reported increased ability to perform his activities of daily living and denied side effects with the use of his current medication regimen. However, the documentation did not provide adequate evidence of significant pain relief with numeric pain scales with and without medications. In addition, the documentation did not address whether the injured worker has used his medication appropriately and had consistent results on urine drug screens to verify compliance. In the absence of this documentation, continued use of Norco is not supported. In addition, the request failed to provide a frequency. Based on the above, the request for Norco 10-325 mg # 120 is not medically necessary.

Lidoerm 5% # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57..

Decision rationale: The request is non-certified. According to the California MTUS Chronic Pain Guidelines, Lidoderm patches are only FDA approved for postherpetic neuralgia, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In addition, use of this medication is not supported until after there has been evidence of a trial of first line medications including antidepressants and anticonvulsants. The documentation submitted for review did not indicate that the injured worker has postherpetic neuralgia to warrant use of Lidoderm patches at this time. Additionally, sufficient documentation showing the failure of antidepressants and anticonvulsants prior to the use of Lidoderm patches was not provided. In addition, the request failed to provide a frequency. For the above reasons, the request for Lidoerm 5% # 30 is not medically necessary.

Flexeril 10 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), page 64 Page(s): 64.

Decision rationale: The request is non-certified. According to the California MTUS Chronic Pain Guidelines, cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants and may be recommended for a short course of therapy. However, this medication is not recommended to be used for longer than 2-3

weeks. The documentation submitted for review indicated that the injured worker reported increased ability to perform his activities of daily living and denied side effects with the use of his current medication regimen. However, as use of Flexeril is not recommended for longer than 2-3 weeks, continued use is not supported. In addition, the request did not provide a frequency. As such, the request for Flexeril 10 mg #30 is not medically necessary.