MAXIMUS Federal Services

Case Number:	CM14-0089512		
Date Assigned:	07/23/2014	Date of Injury:	03/31/2006
Decision Date:	09/18/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/13/2014

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 Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 38 year old female who reported a lifting injury on 03/31/2006. Diagnoses included degeneration of the lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, and psychalgia. Past treatments included physical therapy, Vicodin, Tramadol, Ibuprofen, Terocin, Toradol, Lidoderm patch, psychological counseling, and a home exercise program. Tramadol had been prescribed to the injured worker from as early as 11/25/2013, pain was rated 4-7/10 at that time, and continued to note the same rating through 04/08/2014; however, it was also noted on 04/08/2014 that the injured worker was confused with their medication regimen and was only taking Ibuprofen and Tramadol a few times a week. Decreased pain and increased activity level with gardening, household chores, and exercise were reported after increasing frequency of pain medications (Ibuprofen and Tramadol) as directed. The clinical note dated 05/08/2014 noted the injured worker complained of sharp, stabbing, right low back and sacroiliac joint pain radiating to her right hamstring, with numbness and tingling to her right lower extremity. The pain was rated as 4/10, with the lowest pain being 3/10 and worst pain as a 5-6/10. The physical exam dated 05/08/2014, noted 1+ deep tendon reflexes to the upper and lower extremities, intact pinprick sensation throughout, tenderness to facet joints and sacroiliac joints on the right side, and positive Patrick's sign. Motor strength was rated as 5/5 in both lower extremities with exception of 4/5 to the right hip related to pain. Medications included Ibuprofen 800mg twice daily, Tramadol 50mg every 8 hours, Lidoderm 5% patch once daily, and Thermacare back and hip bandage once daily. The treatment plan included discontinuing Tramadol due to the adverse side effect of heart palpitations, prescribing Norco for pain, continuing Lidoderm, Thermacare, Ibuprofen, and increasing her home exercise program as tolerated. The request for authorization form was dated 05/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, 5/325 mg, 1 every 8 hours, #90, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 82-88, 91. Decision based on Non-MTUS Citation Official Disability Guidelines - Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76, 82.

Decision rationale: The request for Norco 5/325mg, 1 every 8 hours, #90, no refills is not medically necessary. The injured worker had been diagnosed with psychalgia. The California MTUS guidelines do not recommend opioid treatment when a diagnosis of a pain disorder associated with psychological factors is given. Such diagnoses are considered a "Red Flag" when starting opioid therapy. Additionally, the injured workers complaints of sharp, stabbing pain, radiating to her right hamstring, along with numbness and tingling to her right lower extremity and decreased deep tendon reflexes indicate a neuropathic pain. The guidelines recommend opioid treatment for neuropathic pain only after a failed response to first-line recommendations (antidepressants, anticonvulsants). Due to lack of evidence suggesting failed first-line treatment, and the "Red Flag" diagnosis of psychalgia, the use of opioids is unsuported. There is a lack of documentation indicating the injured worker has undergone urine drug screening and was assessed for aberrant behaviors. Therefore, the request is not medically necessary.

Lidoderm 5% 700 mg patch, 1 patch every day, #30, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines - Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The request for Lidoderm 5% 700mg patch is not medically necessary. The injured workers complaints of sharp, stabbing pain, radiating to her right hamstring, along with numbness and tingling to her right lower extremity and decreased deep tendon reflexes indicate a neuropathic 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.