

Case Number:	CM14-0171741		
Date Assigned:	10/23/2014	Date of Injury:	04/21/2006
Decision Date:	01/02/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

This 57 year old male sustained an injury on April 21, 2006. Diagnoses included chronic pain, status post spinal cord stimulator placement, status post fusion of L4-S1 (lumbar four-sacral one), left post-laminectomy syndrome, status post exploration of fusion with partial laminectomy of left L3 (lumbar three) and L4 (lumbar four), depression, adjustment disorder, and chronic insomnia. Prior treatment included a spinal cord stimulator, epidural injections, lumbar corset, walks with a cane, psychological care, acupuncture, and oral and topical analgesics, anti-depressants, anti-epilepsy, anti-anxiety, sleeping, and stool softener medications. On June 24, 2014, the primary treating physician noted chronic, moderate pain of the left lower back with radiation down the left leg to the toes. He has tingling, weakness and numbness of the left leg, and tenderness over the spinal cord stimulator site. In addition, he has chronic night sweats, chills, and pain that cause loss of sleep. There was a 10% pain relief from the Transforaminal epidural steroid injection at the left L3-L4 performed on May 16, 2014 was noted on June 24, 2014. The physical exam revealed an antalgic gait, walks with a straight cane, mildly decreased left lower extremity strength, decreased sensation of the left lower extremity; normal reflexes bilateral lower extremities, and positive left straight leg raise. The physician noted Transforaminal epidural steroid injection at the left L3-L4 performed on May 16, 2014 provided 10% reduction in pain. The urine toxicology screen from February 4, 2014 was described by the physician as consistent. The physician recommended continuing with the home exercise program, replacement of worn lumbar corset, a trail of a topical analgesic patch as needed. Work status was described as permanent and stationary, and he last worked in 2008. The urine toxicology screen from February 4, 2014 and the CURES (Controlled Substance Utilization Review & Evaluation System) from September 16, 2014 were described by the primary treating physician as consistent on September 16, 2014. On September 19, 2014, the primary treating

physician noted moderate left lower back with radiation down the left leg to the toes; tingling, weakness and numbness of the left leg, and night sweats, chills, and pain that cause loss of sleep. The injured worker walks with a cane and corset. The spinal cord stimulator provides pain relief. The physician noted the Transforaminal epidural steroid injection at the left L3-L4 performed on May 16, 2014 had worn off. The physical exam revealed an antalgic gait, walks with a straight cane, mildly decreased left lower extremity strength, decreased sensation of the left L4-S1 dermatome, and tenderness over the spinal cord stimulator's battery site. There was no change in the physician's treatment plan. On September 29, 2014 Utilization Review non-certified prescriptions for Lidoderm 5% #30 and Hydrocodone/APAP (Acetaminophen) 10/325mg #90 were non-certified. The Lidoderm 5% #30 was non-certified based on the injured worker was being treated with Lyrica, a first-line therapy anti-epilepsy drug for neuropathic pain. Lidoderm is recommended after first-line therapy with (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitors) anti-depressants or an anti-epilepsy drug, i.e. gabapentin or Lyrica. The Hydrocodone/APAP 10/325mg #90 was non-certified based on a lack of documentation of functional improvement, return to work, and a recent urine drug screen. A one month supply of Hydrocodone/APAP 10/325mg was approved for the purpose of weaning. The California Medical Treatment Utilization Schedule (MTUS) guidelines, Chronic Pain: Topical Analgesics and Opioids, criteria for use: Therapeutic Trial of Opioids and On-going Management were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 111-113.

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

Decision rationale: According to MTUS guidelines, Lidoderm is the brand name for a Lidocaine patch produced by Endo Pharmaceuticals. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy tri-cyclic or SNRI anti-depressants or an AED such as gabapentin. In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patch 5% is not medically necessary.

Hydrocodone APAP 10/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear justification for the need to continue the use of Hydrocodone. The patient was treated with Hydrocodone without any evidence of pain and functional improvement, compliance and monitoring of side effects. Therefore, the prescription of Hydrocodone/APAP tab 10/325mg # 90 is not medically necessary.