

Case Number:	CM14-0187846		
Date Assigned:	11/18/2014	Date of Injury:	11/13/2000
Decision Date:	01/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/11/2014

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, has a subspecialty in Pain Medicine, 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 64 year-old male with a date of injury of 11/03/2000. The patient's industrially related diagnoses include chronic back pain, lumbar facet arthropathy, chronic right knee pain and right knee degenerative joint disease. The patient has been deemed permanently disabled. Prior treatment has included water therapy, vicodin, physical therapy, motrin, Cymbalta, norco, and Lidoderm patch. Patient has had prior MRI of the right knee and lumbar spine. The disputed issues are prescriptions for Lidoderm patch, Norco, and Prilosec. A utilization review determination on 11/06/2014 had noncertified these requests. The stated rationale for the denial of Lidoderm patch was absence of documented neuropathic pain etiology and lack of substantial functional improvement. Rationale for denial of requested Norco was due to stagnant levels of pain and function and request was modified for tapering dose. Rationale for denial of Prilosec with 3 refills was based on expectation of continued ibuprofen use and request modified for 1 month of medication with future refills dependent on follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidoderm patch 5%, #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Lidoderm patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. Documentation of "pain decreased in the area of 70% to 80% with marked increase in functional capacity" is in reference to radiofrequency ablation procedure. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidoderm is not medically necessary.

1 prescription of Norco 10/325mg, #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is reported ability to perform activities of daily living including doing "every day things, get dressed, go to the store, household chores, help get kids ready to eat and play in the yard" on progress noted dated 6/20/2013. There is documentation of routine urine drug screening, performed 04/09/2014 and 07/18/2013 that were appropriate. There is documentation reflecting absence of aberrant behavior, escalation of dosage and side effects in progress notes including the most recent dated 10/22/2014. As such, continuation of the Norco at current dosage is warranted.