MAXIMUS Federal Services

Case Number:	CM14-0191129		
Date Assigned:	11/25/2014	Date of Injury:	07/25/1995
Decision Date:	01/09/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 patient is a 50 year old female with date of injury 7/25/1995. The treating physician report dated 10/28/14 indicates that the patient presents with pain affecting the neck and back. This was one of three treating physician reports provided. The medical evidence log notes 7 physician reports dating from 5/14/14 to 10/28/14 but only reports dated 7/1/14, 10/28/14, along with an undated report, were among the documents provided. The patient notes that the pain in her neck radiates down to both arms while the pain in her back radiates down to both legs. The physical examination findings reveal a restricted range of motion of the cervical and lumbar spine and tenderness on; C5, C6, C7, paracervical, rhomboid and trapezius muscles. Babinski's sign and straight leg raising test are both negative. Prior treatment history includes a right sacroiliac steroid injection, a LESI at L5-S1, a CESI at C7-T1, chiropractic therapy, aquatic therapy, prescribed medications, a TENS unit, a home exercise program, an X-ray series of the lumbar spine and an MRI of the lumbar spine. Current medications include Norco, Lidoderm, Zanaflex, Citalopram and Bupropion. MRI findings reveal moderate desiccation and moderate loss of disc height at L4-5. The facet joints are moderately hypertrophic at L5-S1 and mildly hypertrophic at L3-4 and L4-5. Moderate-severe degenerative changes of the acromioclavicular joint and minimal hills-Sacs deformity are noted in the right shoulder. The current diagnoses are: 1. Cervical pain, 2. Cervical Radiculopathy, 3. Low back pain, 4. Lumbar Radiculopathy. The utilization review report dated 10/14/14 denied the request for Lidoderm 5% Patch #30 and Norco 10-325mg #40 based on a lack of documentation of a first-line medication prior to the use of Lidoderm and a lack of ongoing opioid management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Topical Analgesic Page(s): 57.

Decision rationale: The patient presents with pain affecting the neck and back. The current request is for Lidoderm 5% Patch #30. MTUS guidelines state Lidoderm is "Not recommended until after a trial of a first-line therapy, according to the criteria below. Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized neuropathic 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 or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." In this case, the patient has been prescribed Citalopram, which is an SSRI and is not considered a first-line therapy. Furthermore, Lidoderm is only FDA approved for post-herpetic neuralgia which is not found as a diagnosis in any of the treating physician reports providedThe medical records provided do not show that a first-line therapy has been tried and failed. The request does not satisfy MTUS guidelines as stated on page 57. Recommendation is for denial.

Norco 10-325mg #40: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the neck and back. The current request is for Norco 10-325mg #40. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The treating physician report dated 10/28/14 notes that the patients pain level decreases from 6/10 to 3/10 while on current medication. The physician has stated that the patient has signed an appropriate pain contract and that changes in opioid prescribing are consistent with observed functional status. Patient is taking her medications as described and although she still has pain symptoms on a continuous basis, they are alleviated somewhat by current meds. The patient is able to lift more weight, walk for longer distances, stand for longer periods and can spend more time attending to her ADL's. In this case the physician has addressed the 4A's, documented the patients pain level on a numerical scale and has documented the patient's functional

improvement while on her current opioid medication, satisfying MTUS guidelines. Recommendation is for authorization.