

Case Number:	CM14-0194134		
Date Assigned:	12/01/2014	Date of Injury:	04/22/1999
Decision Date:	01/20/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/19/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 was a 34 year old female who was injured on 4/22/1999. The diagnoses are lumbar radiculopathy, post laminectomy back syndrome, low back pain, The past surgery history is significant for back surgeries in 2001 and 2007. The patient was a 34 year old female who was injured on 4/22/1999. The diagnoses are lumbar radiculopathy, post laminectomy back syndrome, and low back pain. The past surgery history is significant for back surgeries in 2001 and 2007. According to the review summary of the records from the provider dated 10/3/2014, there was subjective complaint of a pain score rated at 2/10 with medications but 8/10 without medications. There are objective findings of tenderness of lumbar paravertebral muscles and decreased sensation over the right L5 dermatome. The medications listed are ibuprofen OTC, Lidoderm patch, hydrocodone, Loratadine and Zanaflex. There was no urine drug screening (UDS), compliance monitoring report or functional restoration related to the medications utilization record provided. A Utilization Review determination was rendered on 10/27/2014 recommending non certification for Lidoderm patch 1-2 q 24hrs, Hydrocodone/APAP 10/325mg #150 and Zanaflex 4mg BID. There are objective findings of tenderness of lumbar paravertebral muscles and decreased sensation over the right L5 dermatome. The medications listed are ibuprofen OTC, Lidoderm patch, hydrocodone, Loratadine and Zanaflex. There was no UDS, compliance monitoring report or functional restoration related to the medications utilization record provided. A Utilization Review determination was rendered on 10/27/2014 recommending non certification for Lidoderm patch 1-2 q 24hrs, Hydrocodone/APAP 10/325mg #150 and Zanaflex 4mg BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch one of two to 24 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and the Official Disability guidelines (ODG) recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications are not effective. The guidelines recommend that Lidoderm be utilized as a second line medication when the first line medications have failed. The records did not show that the patient was diagnosed with localized neuropathic pain or that she failed the first line medications. The criterion for the use of Lidoderm patches 1-2, 24hours was not met; therefore, this request is not medically necessary.

Hydrocodone/APAP 10-325mg one tablet Q four to six hours with five maximum to five maximum in 24 hour #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Review and Documentation Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and the Official Disability Guidelines (ODG) recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with non-steroidal anti-inflammatory drugs (NSAIDs) and physical therapy (PT). The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedatives. The documentation of urine drug screening (UDS), compliance monitoring, absence of aberrant behavior, absence of adverse medication effects and functional restoration is required during chronic opioid treatment. The records did not show the required guidelines recommended documentations. There is no indication that the patient was experiencing exacerbation of the chronic pain. The criterion for the use of hydrocodone/APAP 10/325mg #150 was not met; therefore, this request is not medically necessary.