

Case Number:	CM14-0198109		
Date Assigned:	12/08/2014	Date of Injury:	02/26/2009
Decision Date:	01/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal 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 (IW) is a 62-year-old woman with a date of injury of February 26, 2009. The mechanism of injury is not documented in the medical record. The IW is diagnosed with cervical degenerative disc disease and lower back pain. The IW underwent a cervical anterior discectomy fusion at C4-C5, C5-C6, and C6-C7 on February 10, 2012. Pursuant to the progress note dated October 24, 2014, the IW complains of midline neck pain rated 6/10, as well as bilateral shoulder pain and lower back pain with radiation into the buttocks. The IW also reports pain radiating from the left elbow to the fingers. Medications include Norco 10/325mg every 8 hours and Lidoderm patches 5%. Physical examination reveals marked tenderness to palpation in the mid to lower portion of the cervical spine with restricted range of motion (ROM). There is essentially normal ROM in the lumbar spine. Motor strength is 5/5 in the upper extremities. Sensation is intact in the upper and lower extremities. The IW remains permanently disabled. The pain is somewhat relieved with medications. She is unable to sleep at night secondary to pain. The current request is for Norco 10/325mg #90, and Lidoderm patches 5% # 90. The earliest progress note in the medical record is May of 2014. Documentation indicates the IW was given refills of Norco and Lidoderm at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is a 61-year-old with a date of injury February 26, 2009. A May 6, 2014 progress note indicates the injured worker was taking Norco 10/325 one tablet PO every eight hours prn pain and Lidoderm patches 5% with instructions to apply up to three patches to areas of pain for 12 hours in a 24-hour period. The documentation does not contain any detailed pain assessments. There is no documentation of objective functional improvement associated with continued Norco 10/325 mg use. Consequently, absent the appropriate clinical documentation with objective functional improvement and supporting evidence for the continued Norco use, Norco 10/325 mg #90 is not medically necessary.

Lidoderm patches 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patches 5% are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine in the form of a patch is FDA approved for neuropathic pain after there has been evidence of a first line therapy. In this case, the injured worker is 61 years old with the date of injury February 26 2009. A May 6, 2014 progress note indicates Lidoderm patches 5% have been used by the injured worker as early as that time. The documentation, however, is unclear as to whether that is a refill or the original starting prescription. Lidoderm is indicated for neuropathic pain. The instructions state to apply three patches to areas of pain for 12 hours in 24 hours. The areas to be applied are unclear and Lidoderm is generally not recommended for non-neuropathic pain. Additionally, there is no objective functional improvement associated with its use documented in the medical record. Also, there is no quantity

or instructions associated with the request. Consequently, Lidoderm patches 5% are not medically necessary.