

Case Number:	CM15-0002708		
Date Assigned:	01/13/2015	Date of Injury:	08/09/2012
Decision Date:	03/12/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 46-year old male, who sustained an industrial injury on August 9, 2012. He has reported a low back injury that happened when he tried to lift a dead prisoner. Currently, the IW complains of low back, right buttock and bilateral lower extremity pain. Pain was described as aching and a lancing sensation. Pain was exacerbated by periods of increased activity and lifting of objects. Pain was relieved by the use of analgesics and various types of injection therapy. Pain medication is reported to increase functioning ability. Exam was remarkable for gait and movement within the baseline for his level of functioning. Diagnoses included lumbosacral spondylosis without myelopathy, lumbar disc displacement without myelopathy, myalgia and myositis, sleep disturbance, sacroiliitis and lumbago. Plan of care included six acupuncture treatments, continuation of pain medications and routine follow-up. On December 31, 2014, the Utilization Review decision non-certified a request for Lidoderm Patch Five Percent, a urine drug screen and Norco 10/325mg, 360count, noting that Lidoderm patches has limited support for treatment of chronic pain and there is no documentation to support failed first line treatment. The Norco was modified to approve a count of 96 stating there was not sufficient evidence that the continued dosages was warranted and that weaning of the medication was recommended. The urine drug screen was non-covered due to no documented results submitted. The CA MTUS Chronic Pain Treatment Guidelines was cited. On January 6, 2015, the injured worker submitted an application for IMR for review of prescriptions for Lidoderm Patches, Norco 10/325mg and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidoderm patch 5%, QTY: 180 (DOS: 12/05/14): Upheld

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

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

Decision rationale: Retrospective request for Lidoderm patch 5%, QTY: 180 (DOS: 12/05/14) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines The guidelines state that 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 or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate a diagnosis of post herpetic neuralgia. The documentation does not indicate functional improvement on prior Lidoderm. For these reasons the request for Lidoderm Patch 5% is not medically necessary.

Retrospective request for Norco 10/325mg, QTY: 360 (DOS: 12/05/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Hydrocodone/Acetaminophen; Weaning of Me.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78-80.

Decision rationale: Retrospective request for Norco 10/325mg, QTY: 360 (DOS: 12/05/14) is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Norco 10/325mg is not medically necessary.

Retrospective request for Urine Drug Screen, QTY: 1 (DOS: 12/05/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, differentiation: dependence & addiction criteria for use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids Page(s): 76-77, Postsurgical Treatment Guidelines Page(s): urine drug test (UDT).

Decision rationale: Urine Drug Screen, QTY: 1 (DOS: 12/05/14) is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that one can consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The documentation is not clear on how many prior urine drug screens were performed but there was evidence in the documentation that there was a consistent urine drug screen on 1/4/14. There is no evidence of high risk behavior therefore the 12/5/14 urine drug screen is not medically necessary.