

Case Number:	CM15-0009928		
Date Assigned:	01/27/2015	Date of Injury:	12/12/2011
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/16/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 70 year old female, who sustained an industrial injury on 12/12/2011. On 2/3/15, the injured worker submitted an application for IMR for review of Lidocaine 5% #60, and Hydrocodone/APAP 10/325mg #45. The treating provider has reported the injured worker complained of low back pain but reported the "medications were helpful and well-tolerated". The injured worker also describes symptoms of radiation and burning in left leg. The diagnoses have included lumbar strain/sprain. Treatment to date has included Lumbar MRI (10/9/12), chiropractic therapy and physical therapy. On 1/9/15 Utilization Review non-certified Lidocaine 5% #60, and Hydrocodone/APAP 10/325mg #45. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% #60: Upheld

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

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

Decision rationale: Per the MTUS, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy like tri-cyclic or SNRI antidepressants 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. A review of the injured workers medical records do not show a trial of first line therapy that has failed and therefore the request for Lidocaine 5% #60 is not medically necessary.

Hydrocodone/APAP 10/325mg #45: Upheld

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: Per the MTUS ongoing management actions of opioids should include several listed criteria including prescribing the lowest possible dose to improve pain and function. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids and have been summarized as the 4 A's, which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. A review of the injured workers medical records show that her pain appears to be resolving and she is on both tramadol and norco, there does not appear to be any reason for to be on both based on her clinical presentation and the guidelines, therefore the request for Hydrocodone/APAP 10/325mg #45 is not medically necessary.