MAXIMUS Federal Services

Case Number:	CM15-0104634		
Date Assigned:	06/09/2015	Date of Injury:	12/21/2005
Decision Date:	07/09/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 50-year-old female, who sustained an industrial injury on December 21, 2005. She reported developing pain in the left leg and numbness in the left toes from standing in one place for hours. The injured worker was diagnosed as having lumbar degenerative disc disease and insomnia. Treatment to date has included physical therapy, CT scan, bracing, spinal fusion, and medication. Currently, the injured worker complains of back pain that radiates to bilateral legs, with anxiety. The Treating Physician's report dated May 4, 2015, noted the injured worker rated her pain as a 7/10 from riding in the car, and at home a 5-7/10. The injured worker's medications were listed as Abilify, Fluoxetine, and Lorazepam. Physical examination was noted to show lumbar paraspinous tenderness. The treatment plan was noted to include the addition of Norco and Relyyks adhesive patch, with continuation of the current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 5/325mg # 30 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 ongoing 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are degenerative disc disease lumbar spine; and insomnia. The date of injury is December 21, 2005. The documentation shows the injured worker was on OxyContin and oxycodone back in 2011. On May 4, 2015, a prescription for Norco 5/325 mg #30 was issued. The start date is unclear based on the available documentation for review. There is no documentation demonstrating objective functional improvement. There was no medication history from OxyContin and oxycodone in 2011 through the present. There are no risk assessments and medical record. There were no detailed pain assessments in the record. Consequently, absent clinical documentation with objective functional improvements to support ongoing Norco 5/325 mg, risk assessments and detailed pain assessments, Norco 5/325mg # 30 is not medically necessary.

Relyyks 4%-5% adhesive patch, Qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Relyyks 4%-5% adhesive patch #90 is 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are degenerative disc disease lumbar spine; and insomnia. The date of injury is December 21, 2005. The documentation shows the injured worker was on OxyContin and oxycodone back in 2011. On May 4, 2015, a prescription for Norco 5/325 mg #30, lidocaine patches 5% and Relyyks adhesive patch were prescribed. It is unclear why lidocaine patches 5% and Relyyks adhesive

patch (lidocaine and menthol), both lidocaine containing topical analgesics, were prescribed concurrently. Additionally, topical lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Lidocaine in non-Lidoderm form-Relyyks) that is not recommended is not recommended. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, 2 lidocaine containing topical analgesics and Relyyks (lidocaine in non-Lidoderm form), Relyyks 4%-5% adhesive patch #90 is not medically necessary.