

Case Number:	CM15-0104955		
Date Assigned:	06/09/2015	Date of Injury:	05/20/1992
Decision Date:	07/14/2015	UR Denial Date:	05/14/2015
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: Texas, New York, California

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 applicant is a represented 66-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 20, 1998. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve requests for topical Lidoderm patches, Lyrica, Prilosec, and Norco. The claims administrator referenced a May 7, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated May 21, 2015, the applicant reported 7.5/10 low back and leg pain complaints. Burning lower extremity pain complaints were noted. The applicant's pain complaints were scored a 7.5/10, it was stated toward the top of the report. The applicant was using Norco at a rate of three tablets a day, it was further noted. Medications were refilled. The applicant's work status was not detailed. In a medical-legal evaluation dated April 27, 2015, the applicant again reported ongoing complaints of low back pain, hip pain, and burning left lower extremity paresthesias. The applicant was using Norco, Wellbutrin, Cymbalta, and Lidoderm, the medical-legal evaluator reported. The applicant had issues with prolonged sitting, prolonged standing, and sleeping, it was acknowledged. The applicant had superimposed issues with fibromyalgia. In another section of the note, the medical-legal evaluator noted that the applicant was using Vicodin, Lyrica, and Prilosec. A visibly antalgic gait was apparently evident. The applicant was off of work, the treating provider reported, noting that the applicant last worked in January 1993. In a RFA form dated May 7, 2015, Norco, Prilosec, Lyrica, and lidocaine were endorsed. It was not stated for what issue or diagnosis Prilosec had been prescribed for. On March 30, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using a back brace, Norco thrice daily, Prilosec daily, Lyrica twice daily, and lidocaine patches.

The applicant's primary pain generator was the low back, it was reported, with ancillary complaints of left lower extremity pain and left ankle pain. Multiple medications were renewed. The applicant was asked to limit usage of a previously provided back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

Decision rationale: No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anti-convulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, it was acknowledged. The applicant had last worked in 1993. The applicant continued to report pain complaints as high as 7-7.5/10, despite ongoing Lidoderm patch usage. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on opioid agents such as Norco and failed to ameliorate the applicant's ability to ambulate about, it was reported both by the applicant's treating provider and a medical-legal evaluator in March, April, and May 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.

Lyrica 150 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Functional Restoration Approach to Chronic Pain Management Page(s): 99; 7.

Decision rationale: Similarly, the request for Lyrica, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is FDA approved in the treatment of diabetic neuropathic pain and pain associated with

postherpetic neuralgia and, by analogy, can be employed in the treatment of neuropathic pain complaints in general, this recommendation is likewise qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, it did not appear that ongoing usage of Lyrica had in fact generated material or meaningful benefit here. The applicant had failed to return to work. The applicant had last worked in 1993. Activities of daily living as basic as standing, walking, and sitting remained problematic, both the applicant's treating provider and a medical-legal evaluator acknowledged. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Prilosec 40 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on a progress note of March 30, 2015, on a RFA form of May 7, 2015, or on a medical-legal evaluation dated April 27, 2015. It was not clearly stated or clearly established for what issue, diagnosis, and/or purpose Prilosec was being employed and whether or not Prilosec was or was not proving effective in ameliorating the same. Therefore, the request was not medically necessary.

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged above. The applicant last worked in 1993. The applicant continued to report pain complaints as high as 7-7.5/10, despite ongoing Norco usage. Activities of daily living as basic as sitting, standing, and walking remained problematic, despite ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.