

Case Number:	CM15-0106065		
Date Assigned:	06/10/2015	Date of Injury:	07/29/2005
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

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

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 73 year old, female who sustained a work related injury on 7/29/05. She moved file cabinets across carpeting. The diagnoses have included chronic pain syndrome, lumbar post-laminectomy syndrome, lumbar disc displacement without myelopathy, lumbar disc degeneration, pain in limb, and depressive disorder. Treatments have included chiropractic treatments, acupuncture, physical therapy, home exercises, aqua therapy, trigger point injections, lumbar spine surgery, oral medications and pain patches. In the PR-2 dated 5/6/15, the injured worker complains of severe back, leg and hip pain. She is sleeping poorly and her mood is poor. The treatment plan includes prescription refills for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). (2) Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for low back, hip, and leg pain. When seen, she was having severe pain. She was trying to participate in aquatic therapy. Medications being prescribed include Norco and tramadol at a total MED (morphine equivalent dose) of 40 mg per day. When medications were being provided they were providing more than 50% improvement in pain and allowing for activities of daily living and performance of a home exercise program. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm 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. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm was not medically necessary.

Hydrocodone acetaminophen 5/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for low back, hip, and leg pain. When seen, she was having severe pain. She was trying to participate in aquatic therapy. Medications being prescribed include Norco and tramadol at a total MED (morphine equivalent dose) of 40 mg per day. When medications were being provided they were providing more than 50% improvement in pain and allowing for activities of daily living and performance of a home exercise program. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and, when being provided, were providing pain control with improved activities of daily living and activity tolerance including exercise. The total MED (morphine equivalent dose) was less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Tramadol 50mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for low back, hip, and leg pain. When seen, she was having severe pain. She was trying to participate in aquatic therapy. Medications being prescribed include Norco and tramadol at a total MED (morphine equivalent dose) of 40 mg per day. When medications were being provided they were providing more than 50% improvement in pain and allowing for activities of daily living and performance of a home exercise program. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and, when being provided, were providing pain control with improved activities of daily living and activity tolerance including exercise. The total MED (morphine equivalent dose) was less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and, when being provided, were providing pain control with improved activities of daily living and activity tolerance including exercise. The total MED (morphine equivalent dose) was less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of tramadol was medically necessary.