

Case Number:	CM15-0109049		
Date Assigned:	06/16/2015	Date of Injury:	09/12/2014
Decision Date:	07/16/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/05/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 27 year old male who sustained an industrial injury on September 12, 2014. He has reported low back pain and has been diagnosed with lumbago, degeneration of lumbar intervertebral disc, lumbar radiculopathy, depression and insomnia. Treatments and diagnostics had consisted of medications, physical therapy and medical imaging. There was decreased range of motion. There was tenderness noted over the paraspinal muscles overlying the facet joints and S1 joints on the left side midline of the lumbar spine on both sides. Straight leg raising supine was positive on the left side. The treatment request included Lidoderm and Norco. The medications listed are Norco, Percocet, omeprazole, nebumetone, Lidoderm, Flexeril, DDS and unknown antidepressant from non WC doctor. It is unclear which medications are currently being utilized as many were noted to be non certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (quantity unspecified), one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. There is no documentation of first of first line anticonvulsant and antidepressant medications for the treatment of non localized neuropathic and radicular pain. The criteria for the use of Lidoderm 5% with 1 refill was not met. Therefore, the requested treatment is not medically necessary.

Norco 10/325mg quantity unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, non opioid co-analgesics and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient had significant psychosomatic symptoms. The guidelines recommend that anticonvulsant and antidepressant co- analgesics be utilized in chronic pain patients with psychosomatic symptoms. There is no documentation of guidelines mandated compliance monitoring of UDS, absent of aberrant behavior, CURES data reports and functional restoration. The criteria for the use of Norco 10/325mg was not met. Therefore, the requested treatment is not medically necessary.