

Case Number:	CM15-0138275		
Date Assigned:	07/28/2015	Date of Injury:	04/20/1994
Decision Date:	08/25/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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: 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 57-year-old female with an industrial injury dated 04/20/1994. The injured worker's diagnoses include degeneration of lumbar or lumbosacral intervertebral disc. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07/02/2015, the injured worker presented for follow up for chronic low back pain. The injured worker reported some intermittent pain down the back of her legs, always while lying on her back. The injured worker rated pain a 2-3/10 with medication and reported that it can escalate to a 7-8/10. Objective findings revealed limited back range of motion with flexion and tenderness to palpitation of L5-S1 bilaterally. The treating physician reported that the injured worker has chronic low back pain with now intermittent positionally related paraesthesias in both legs. The treatment plan consisted of medication management. The treating physician prescribed Norco 5/325mg #60 with 3 refills and Lidocaine 5% #30 with 3 refills, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in April 1994 and continues to be treated for chronic low back pain with intermittent lower extremity pain. When seen, the assessment references typical pain of 2-3/10 with escalations up to 7-8/10 that interfere with activities of daily living and household activities. When taking hydrocodone, pain is then decreased to near baseline level. There was decreased right ankle dorsiflexion strength. There was decreased lumbar spine range of motion with tenderness. Her BMI was over 33. Medications include Norco at a total MED (morphine equivalent dose) of less than 10 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. 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 medications are providing decreased pain during pain escalations that otherwise interfere with activities of daily living and household activities. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Lidocaine 5% #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch), p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in April 1994 and continues to be treated for chronic low back pain with intermittent lower extremity pain. When seen, the assessment references typical pain of 2-3/10 with escalations up to 7-8/10 that interfere with activities of daily living and household activities. When taking hydrocodone, pain is then decreased to near baseline level. There was decreased right ankle dorsiflexion strength. There was decreased lumbar spine range of motion with tenderness. Her BMI was over 33. 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 postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm was not medically necessary.