

Case Number:	CM15-0139899		
Date Assigned:	07/29/2015	Date of Injury:	09/12/1964
Decision Date:	08/26/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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 78 year old male who sustained an industrial injury on 09-12-1964. Mechanism of injury was not found in documents presented for review. Diagnoses include lumbar radiculitis and lumbar disc displacement. Treatment to date has included diagnostic studies, medications, status post lumbar laminectomy and failed lumbar spinal fusion in 1970. A Magnetic Resonance Imaging of the lumbar spine done on 01/27/2014 showed a 3-4mm disk protrusion at L4-L5, and L5-S1, and postsurgical changes at those levels. A physician progress note dated 06/03/2015 documents the injured worker continues to complain of persistent pain in his lower back that interfere with and limits his activities of daily living and work activities. His pain is constant and he rates it as 9 out of 10 on Visual Analog Scale. He has difficulty sleeping due to pain. His pain is becoming worse. His current medications take the edge off only. He uses a cane to ambulate. He had a lumbar epidural injection on 08-15-2014 and it reduced his pain by 60-70%. He was doing well and was happy with the result. His tingling was better after the lumbar epidural. His treatment plan includes Soma, Dicyclominal, Gaviscon, Aciphex and Milk of Magnesia. His treatment plan also includes a gym membership for indoor physical therapy and a heated pool and a repeat rhizotomy and a follow up in one month. Treatment requested is for 180 Norco 7.5-325mg, and 60 Lidoderm patch (unspecified dosage).

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Norco 7.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, specific drug list, When to continue Opioids, Weaning of medications.

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

Decision rationale: The claimant sustained a work injury more than 50 years ago and continues to be treated for chronic back pain after a lumbar laminectomy in the 1970s. When seen, pain was rated at 9/10. Medications were taking the edge off only of his pain. He was barely able to get out of bed and was relying on a cane when ambulating. No physical examination was recorded. Recommendations included eight repeat lumbar radiofrequency ablation and gym membership. Norco was refilled at a total MED (morphine equivalent dose) of 45 mg per day. This dose had been prescribed since at least July 2014. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is poor pain control and function and no documentation that this medication is providing an improved quality of life. Continued prescribing was not medically necessary.

60 Lidoderm patch (unspecified dosage): Upheld

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

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

Decision rationale: The claimant sustained a work injury more than 50 years ago and continues to be treated for chronic back pain after a lumbar laminectomy in the 1970s. When seen, pain was rated at 9/10. Medications were taking the edge off only of his pain. He was barely able to get out of bed and was relying on a cane when ambulating. No physical examination was recorded. Recommendations included eight repeat lumbar radiofrequency ablation and gym membership. Norco was refilled at a total MED (morphine equivalent dose) of 45 mg per day. This dose had been prescribed since at least July 2014. Topical lidocaine in a formulation that does not involve a dermal-patch system can 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. Lidoderm was not medically necessary.