

Case Number:	CM15-0140903		
Date Assigned:	07/30/2015	Date of Injury:	04/03/2012
Decision Date:	09/02/2015	UR Denial Date:	07/10/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on April 3, 2012, incurring wrists, and shoulder and neck injuries. He was diagnosed with carpal tunnel syndrome, shoulder sprain and cervical sprain, bilateral epicondylitis, lumbar sprain, degenerative joint disease of the hips, and chronic headaches. Treatment included pain medications, topical analgesic patches, antidepressants and activity modifications. Currently, the injured worker complained of ongoing headaches, neck pain hips and low back pain. He complained of bilateral upper extremity pain and depression. He noted reduced range of motion and joint tenderness. The treatment plan that was requested for authorization included prescriptions for Norco and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with pain in both wrist, both elbows, both shoulders, and neck, upper and lower back pain, and pain in both hips. The request is for NORCO 5/325MG #120. The request for authorization is dated 6/26/15. The patient is status post bilateral carpal tunnel release, 2011. Physical examination reveals there is pain in both wrists. There is bilateral medial and lateral epicondylar tenderness. There is bilateral rotator cuff, supraspinatus and infraspinatus tenderness. There is paracervical tenderness from C2 to C7-T1. There is parathoracic tenderness from T1 to T12-L1. There is paralumbar tenderness from L1 to L5-S1. There is bilateral sacroiliac and trochanteric tenderness. The patient obtains pain relief and improved functioning from the Norco taken for pain. The patient is not having significant side effects from the medication. The patient has increased physical and psychosocial functioning as a result of taking this opiate medication. There is no evidence of any abnormal behavior or noncompliance with medications. The patient has no aberrant drug taking behavior noted. The patient has a signed pain management agreement on file. Per disability certificate dated 07/24/15, the patient is not able to work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per progress report dated 05/29/15, treater's reason for the request is "he gets pain relief from this medication." Patient has been prescribed Norco since at least 02/06/15. MTUS requires appropriate discussion of the 4A's, and treater discusses how Norco significantly improves patient's activities of daily living. Analgesia is discussed, specifically showing significant pain reduction with use of Norco. There is documentation and discussion regarding adverse effects and aberrant drug behavior. The patient has a signed pain management agreement on file. In this case, treater has adequately discussed and documented the 4A's as required by MTUS. Therefore, the request IS medically necessary.

Lidoderm patch 5% #90 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patches) Page(s): 57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Lidoderm (lidocaine patch).

Decision rationale: The patient presents with pain in both wrist, both elbows, both shoulders, and neck, upper and lower back pain, and pain in both hips. The request is for LIDODERM PATCH 5% #90 WITH THREE REFILLS. The request for authorization is dated 6/26/15. The patient is status post bilateral carpal tunnel release, 2011. Physical examination reveals there is pain in both wrists. There is bilateral medial and lateral epicondylar tenderness. There is bilateral rotator cuff, supraspinatus and infraspinatus tenderness. There is paracervical tenderness from C2 to C7-T1. There is parathoracic tenderness from T1 to T12-L1. There is paralumbar tenderness from L1 to L5-S1. There is bilateral sacroiliac and trochanteric tenderness. The patient obtains pain relief and improved functioning from the Norco taken for pain. The patient is not having significant side effects from the medication. The patient has increased physical and psychosocial functioning as a result of taking this opiate medication. There is no evidence of any abnormal behavior or noncompliance with medications. The patient has no aberrant drug taking behavior noted. The patient has a signed pain management agreement on file. Per disability certificate dated 07/24/15, the patient is not able to work. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." ODG guidelines, Pain (Chronic) Chapter under Lidoderm (lidocaine patch) states: "Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology...A Trial of patch treatment is recommended for a short-term period (no more than four weeks)...This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points...The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day)...Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." Per progress report dated 07/24/15, treater's reason for the request is "He has been previously tried on Amitriptyline, a tricyclic antidepressant; therefore, he is eligible for Lidoderm pain patches for chronic peripheral pain." The patient has been prescribed Lidoderm Patch since at least 02/06/15. In this case, the patient continues with localized peripheral pain. However, treater does not discuss or document pain reduction and functional improvement with use of Lidoderm Patches as required by ODG. Therefore, the request IS NOT medically necessary.