

Case Number:	CM15-0141059		
Date Assigned:	07/27/2015	Date of Injury:	05/15/2003
Decision Date:	08/27/2015	UR Denial Date:	06/17/2015
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: Texas, California
 Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on 5/15/2003. The medical records submitted for this review did not included the details regarding the initial injury or prior treatments to date. Diagnoses include chronic low back strain and small central disc herniation of lumbar spine. Currently, he complained of low back pain with radiation to the right leg. Medications were noted to increase function with improvement in daily living with improved physical and emotional functioning. On 6/2/15, the physical examination documented restricted and painful range of motion with guarding. There was muscle spasms noted. The straight leg raising test was positive on the right side. The plan of care included Hydrocodone 10/325mg, one tablet four times a day #120; and Lidocaine topical patch; apply one to two patches, twelve hours on and twelve hours off as needed #90. The medication list includes Norco and Lidocaine patch. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80Criteria for use of OpioidsTherapeutic Trial of Opioids.

Decision rationale: Hydrocodone is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals". The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with NSAIDS or lower potency opioids and other non opioid medications (antidepressants/ anticonvulsants), without the use of Hydrocodone, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided with this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The request for Hydrocodone 10/325mg #120 is not medically necessary or established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Lidocaine #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111- 112, Topical Analgesics Lidoderm (lidocaine patch) page 56-57.

Decision rationale: According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". There is little to no research to support the use of many of these agents". According to the MTUS Chronic Pain Guidelines "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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medication Lidocaine #90 with 1 refill is not medically necessary or fully established.