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| Case Number: | CM15-0144047 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 05/23/2001 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 07/13/2015 |
| Priority: | Standard | Application Received: | 07/24/2015 |

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 23, 2001. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve requests for Norco and Lidoderm patches. The claims administrator referenced a progress note and an associated RFA form of July 2, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated July 2, 2015, the applicant reported 7/10 low back, shoulder, and arm pain complaints. The attending provider contended that the applicant's medications were helping by 80% but acknowledged that the applicant was not working and was able to walk "0" blocks, despite ongoing medication consumption. The note was very difficult to follow and, was, at times, illegible, and comprised, in large part, of preprinted checkboxes. The applicant had undergone a spinal cord stimulator implantation, it was reported, as well as a carpal tunnel release surgery and a trigger finger release surgery. The applicant was given a two-month supply of Norco, Flexeril, and Cymbalta, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 1 Tab q6h: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, it was acknowledged on a handwritten progress note of July 2, 2015. While the treating provider stated that the applicant's pain medications were reducing his pain scores by 80%, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary on July 2, 2015 to the effect that the applicant was not walking and/or was non-ambulatory, coupled with the applicant's failure to return to work, outweighed any subjective reports of analgesia derived as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Lidoderm patch 5% #60 (Do not fill till 7/30/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the applicant's ongoing usage of Cymbalta, an antidepressant adjuvant medication, as of an office visit of July 2, 2015, effectively obviated the need for the Lidoderm patches in question. Therefore, the request was not medically necessary.