

Case Number:	CM15-0163934		
Date Assigned:	09/01/2015	Date of Injury:	09/24/2008
Decision Date:	10/06/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/20/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 35-year-old male, with a reported date of injury of 09-24-2008. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include lumbar degenerative disc disease with right L4 radiculopathy, and myofascial pain syndrome of the low back. Treatments and evaluation to date have included acupuncture, home exercise program, topical pain medications, trigger point injections, and oral medication. The diagnostic studies to date have not been included in the medical records provided. The medical report dated 07-13-2015 indicates that the injured worker presented for the follow-up of the problems he was having with his low back. He stated that since his last visit, he was unchanged. The injured worker's pain level was rated 7 out of 10. He has had three sessions of acupuncture, which has helped to decrease his stress and nerve pain. It was noted that the injured worker was tolerating Norco and Lidoderm ointments. The injured worker stated that he had increased pain in his knees. The physical examination showed discrete tender trigger points on palpation over the low back and buttocks; intact motor and sensation; negative straight leg raise test; and good gait. The treatment plan included the continued use of Norco liquid 7.5-325-15 ml #120 ml, every 6 hours and Lidoderm 5% cream, three times a day as needed for neuropathic pain. It was noted that the CURES report was consistent, and the injured worker would return to see the treating physician in two months or as needed. The injured worker's work and disability status was not indicated. According to the medical report dated 04-17-2015, the injured worker was maximum medical

improvement. The treating physician requested Norco liquid 7.5-325 per 5ml #120ml and Lidoderm 5% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco liquid 7.5-325 per 5ml #120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 7.5/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Lidoderm 5% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, there is no documentation of intolerance to other previous oral medications. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is

FDA approved for neuropathic pain, and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. Medical necessity for the topical analgesic cream has not been established. The requested medication is not medically necessary.