

Case Number:	CM15-0166982		
Date Assigned:	09/04/2015	Date of Injury:	07/02/2002
Decision Date:	10/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/25/2015

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 Jersey

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 58 year old female, who sustained an industrial injury on July 2, 2002. The injured worker was diagnosed as having post lumbar laminectomy syndrome, lumbar degenerative disc disease (DDD), low back pain, lumbar disc displacement and spasm of muscle. Treatment to date has included lab work, X-rays, magnetic resonance imaging (MRI), electromyogram, nerve conduction study, CAT scan, multiple lumbar surgeries with revision, therapy, injections and oral and topical medication. A progress note dated August 4, 2015 provides the injured worker complains of back pain radiating down left leg. She rates the pain 8 out of 10 with medication and 8 out of 10 without medication. She reports poor sleep due to the pain. Physical exam notes antalgic gait, lumbar surgical scars, decreased range of motion (ROM), tenderness to palpation, spasm, positive straight leg raise and positive trigger points. The plan includes oral and topical medication and back rest pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 back rest pillow for car: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, DME.

Decision rationale: The MTUS Guidelines are silent in regards to back rest pillows for use in a car or any other durable medical equipment (DME). The ODG, however, states that durable medical equipment may be recommended generally if there is a medical need and if the device or system meets Medicare's definition of a DME: 1. Can withstand repeated use, i.e., could normally be rented, and used by successive patients; 2. Is primarily and customarily used to serve a medical purpose; 3. Generally is not useful to a person in the absence of illness or injury; and 4. Is appropriate for use in a patient's home. In the case of this worker, there is a history of chronic low back pain for which the provider recommended she use a pillow in her car. As this pillow cannot be considered durable medical equipment based on the fact that it could be used by someone without a medical problem, it will be regarded as medically unnecessary.

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, Lidoderm (lidocaine patch).

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was record of using lidocaine for chronic back pain, however, looking back at the oldest available notes submitted for review, the worker listed lidocaine as well as gabapentin as current medications, without any specific report on whether the gabapentin and any other first line therapies for neuropathy was started and less than optimal alone prior to adding on lidocaine or not. There was also no specific report found in the documents which discussed the independent effectiveness of lidocaine to increase function and reduce overall pain, which would be required in order to justify its continuation. Therefore, considering these factors, the lidocaine will be medically unnecessary.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment, Weaning of Medications.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Weaning opioids should include the following: complete evaluation of treatment, comorbidity, and psychological condition, clear written instructions should be given to the patient and family, refer to pain specialist if tapering is difficult, taper by 20-50% per week of the original dose for patients who are not addicted or 10% every 2-4 weeks with slowing reductions once 1/3 of the initial dose is reached, switching to longer-acting opioids may be more successful, and office visits should occur on a weekly basis with assessments for withdrawal. In the case of this worker, there was reported history of crack cocaine addiction and post-surgical opioid addiction requiring years of recovery and detoxification after which she was recommended to not use short-acting opioids or OxyContin. Also, more recent history revealed recommendations of previous reviewers to wean off of Norco. Recent notes suggested weaning down to 4 pills of Norco 10/325 mg cause more pain and the worker was using 5 per day to avoid gaps in the pain relief from the Norco. However, typical use of Norco is for breakthrough pain and not to be used around the clock all day as this worker was using. If all-day opioid use could be justified (which is in question) then a long-acting medication with low potential for abuse and less gaps in pain relief would be more appropriate, and there was insufficient evidence to suggest this change would be contraindicated in this worker. Therefore, after consideration of the evidence, this reviewer suggests the Norco is not appropriate and will be considered medically unnecessary.