

Case Number:	CM15-0169715		
Date Assigned:	09/10/2015	Date of Injury:	05/27/2011
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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 55-year-old male with an industrial injury dated 05-27-2011. A review of the medical records indicates that the injured worker is undergoing treatment for degeneration of lumbar or lumbosacral intervertebral disc, lumbago, sacroiliitis, spinal stenosis of lumbar region, shoulder pain, pain in the elbow, and fracture of lower limb. Treatment consisted of MRI of the right shoulder dated 09-15-2011, Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10-26-2011, prescribed medications, and periodic follow up visits. Medical records indicate (04-01-2015 to 8-11-2015) ongoing low back pain and shoulder pain. Medical Records (07-05-2015 to 08-11-2015), the injured worker rated pain a 4 out of 10 with medications and an 8 out of 10 without medications. Objective findings (04-01-2015 to 7-15-2015) revealed tenderness and spasm across the lumbosacral area over the bilateral sacroiliac (SI) joint on palpitation, restricted lumbar range of motion and positive straight leg raises. Restricted shoulder range of motion with pain, greater on the right, was also noted on exam. The treatment plan consisted of medication management. The treating physician prescribed Lidocaine pad 5 percent apply 2 to skin #60 refills: 3, Ibuprofen 800mg po tid #90 refills: 3, and Norco 10-325mg 1 po bid #60, now under review. Utilization Review determination on 08-19-2015, denied the request for Lidocaine pad 5 percent apply 2 to skin #60 refills: 3, Ibuprofen 800mg po tid #90 refills: 3, and Norco 10-325mg 1 po bid #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5 percent apply 2 to skin #60 refills: 3: 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): Lidoderm (lidocaine patch).

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidocaine pad 5 percent apply 2 to skin #60 refills: 3 is not medically necessary and appropriate.

Ibuprofen 800mg po tid #90 refills: 3: 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): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2011 injury nor have they demonstrated any functional efficacy derived from treatment already rendered. Intolerance to oral medications is not documented. Additionally, there are evidence-based published articles noting that topical treatment with NSAID's and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high-risk patients, especially those with reduced drug metabolism as in renal failure. The Ibuprofen 800mg po tid #90 refills: 3 is not medically necessary and appropriate.

Norco 10/325mg 1 po bid #60: 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 for chronic pain, Opioids for neuropathic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioid hyperalgesia.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2011 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg 1 po bid #60 is not medically necessary and appropriate.