

Case Number:	CM15-0180060		
Date Assigned:	09/21/2015	Date of Injury:	01/25/2005
Decision Date:	10/28/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Emergency 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 injured worker is a 47 year old male, who sustained an industrial injury on 1-25-2005. He reported slipping resulting in twisting his back with shoulder pain. Diagnoses include thoracic-lumbar radiculopathy and degenerative disc disease. Treatments to date include activity modification, physical therapy, chiropractic therapy, aquatic therapy, TENS unit, and epidural steroid injections noted to provide 80% pain relief for five to six months. Currently, he complained of ongoing low back pain with radiation to right lower extremity. Pain at worst was rated 10 out of 10 VAS and on average 7 out of 10 VAS. Current medications listed included Norco, Lidoderm 5% Patches, and Soma. On 8-24-15, the physical examination documented tenderness in the right lumbar muscles, decreased lumbar range of motion, and decreased sensation to the right side. The appeal requested authorization for Norco 10-325mg #180, Lidoderm 5% #90 with two refills, and Soma 325mg #90 with two refills. The Utilization Review dated 9-3-15, modified the request to allow Norco 10-325mg #120 and Soma 350mg #60, and denied Lidoderm Patches stating "The referenced guidelines recommend weaning without documentation of significant subjective or objective functional improvement", citing the California Chronic Pain Medical Treatment Guidelines. A hand written letter of appeal dated 9/7/15 was reviewed and any clinical information provided was taken into consideration in this independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: 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, long-term assessment.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has failed to document any objective improvement in pain and function as required by MTUS guidelines. There is no long term plan for opioid management. Despite patient's appeal concerning improvement in pain, the lack of objective documentation of benefit and lack of long term plan does not support Norco request. The request for Norco is not medically necessary.

Lidoderm 5% (700 mg/patch) #90 with 2 refills: 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: As per MTUS chronic pain guidelines, lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain conditions such as such as radicular pain. It may be considered only after failure of 1st line medications but there is no documentation of 1st line medication failure anywhere in provided record. Patient has no documented objective improvement in pain despite use of this medication. The number of requested patches and refills is not appropriate as it would give patients months of un-monitored medication use. Lidoderm is not medically necessary.

Soma 350 mg #90 with 2 refills: 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): Carisoprodol (Soma).

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency

requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. Documentation does not provide any rational justification for continuing this medically inappropriate medication. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.