

Case Number:	CM15-0180880		
Date Assigned:	09/22/2015	Date of Injury:	02/05/1995
Decision Date:	10/27/2015	UR Denial Date:	09/14/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male, who sustained an industrial injury on 2-5-1995. The injured worker was diagnosed cervical, thoracic and lumbar spine discogenic pain, right hip pain, bursitis and enthesopathy. The request for authorization is for: one prescription for Norco 10-325 quantity 190, one prescription for Lidoderm 5 percent patches. The UR dated 9-14-15: modified certification of one prescription of Norco 10-325 quantity 150; and non-certified the request for one prescription of Lidoderm 5 percent patches. The records indicate he has been utilizing Lidoderm and Norco since at least February 2015, possibly longer. On 8-6-15, he reported "I am still getting worse every day". He is indicated to be tolerating medications without adverse side effects. He reported having continued difficulty with activities of daily living. Physical findings revealed decreased sensation at L3-L4 dermatomes that is noted to be unchanged, an antalgic gait and spasm in the thoracic and lumbar areas. On 9-4-15, he reported getting worse daily. He indicated, "I am wasting away, losing so much weight it is scary...and my pain is so bad". He rated his pain without medications 10 out of 10 and with medications 6-7 out of 10. The treatment and diagnostic testing to date has included: medications, and magnetic resonance imaging of the cervical, thoracic, and lumbar spines (7-11-14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #190: Overturned

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.

Decision rationale: The claimant has a remote history of a work injury in February 1995 and is being treated for pain throughout the spine after a motor vehicle accident and has undergone multiple cervical spine surgeries. When seen medications are referenced as decreasing pain from 10/10 to 6-7/10. He was still having difficulty with activities of daily living. Physical examination findings included and antalgic gait. There was decreased lower extremity sensation. There were moderate to severe thoracic and lumbar muscle spasms. Norco was continued at a total average daily MED (morphine equivalent dose) of less than 65 mg per day. Lidoderm and vitamin D were also continued. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Lidoderm 5% patches: 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), Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury in February 1995 and is being treated for pain throughout the spine after a motor vehicle accident and has undergone multiple cervical spine surgeries. When seen medications are referenced as decreasing pain from 10/10 to 6-7/10. He was still having difficulty with activities of daily living. Physical examination findings included and antalgic gait. There was decreased lower extremity sensation. There were moderate to severe thoracic and lumbar muscle spasms. Norco was continued at a total average daily MED (morphine equivalent dose) of less than 65 mg per day. Lidoderm and vitamin D were also continued. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an

anti-epilepsy drug such as gabapentin or Lyrica. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not considered medically necessary.