

Case Number:	CM15-0182863		
Date Assigned:	09/23/2015	Date of Injury:	12/20/2000
Decision Date:	10/28/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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 55 year old female, who sustained an industrial injury on 12-20-2000. Medical records indicate the worker is undergoing treatment for right lumbar radiculopathy, thoracic strain, knee strain and bilateral wrist sprain and bilateral carpal tunnel syndrome. A recent progress report dated 7-29-2015, reported the injured worker complained of thoracic and lumbar spine pain rated 7-8 out of 10 with radiculopathy to the bilateral lower extremities. The injured worker complained of mid and upper back pain, neck pain with headaches, right knee pain and bilateral wrist and hand pain. The injured worker reported that Lidoderm patches previously provided relief and allowed activities of daily living and sleep. Physical examination revealed moderate paralumbar muscle spasm and guarding with decreased lumbar range of motion and positive right straight leg raise test. The injured worker had right knee tenderness and mild swelling, moderate thoracic tenderness with muscle spasm, normal wrist and hand range of motion with tingling in the right hand and a slow gait. Treatment to date has included physical therapy, Norco (since at least 7-8-2014), Soma, Prilosec and Thermacare patches (since at least 7-8-2014), to be replaced by a new prescription of Lidoderm patches. The injured worker is considered permanent and stationary and permanently totally disabled. On 9-1-2015, the Request for Authorization requested Thermacare #12 boxes; Lidoderm patches 1% #30 with 2 refills and Norco 7.5mg-325mg #120. On 9-4-2015, the Utilization Review noncertified the request for Thermacare #12 boxes and Lidoderm patches 1% #30 with 2 refills and modified the request for Norco 7.5mg-325mg #120 to #90 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare #12 boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Cold/Heat Packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Heat therapy.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2000 when she had sudden low back pain after lifting a 5-gallon water bottle. Prior to May 2015 medications were decreasing pain from 6-7/10 to 3/10 and allowing for normal activities such as grocery shopping and household chores. When seen in July 2015 pain was rated at 7-8/10. Medications were not being authorized. She was having thoracic and lumbar pain with lower extremity radicular symptoms. Physical examination findings included moderate paralumbar muscle spasms with guarding and decreased range of motion. Straight leg raising was positive bilaterally. There was decreased right knee range of motion with tenderness and mild swelling. There was moderate thoracic tenderness with muscle spasms. Phalen's testing was positive bilaterally. There was right sacroiliac tenderness. She had decreased right lower extremity sensation and there was a slow gait with use of a cane. The claimant has a history of gastritis and allergy to naproxen. Thermacare, Lidoderm, and Norco are being requested. Heat therapy is recommended as an option. A number of studies show continuous low-level heat wrap therapy including the ThermaCare Heat Wrap to be effective for treating acute and sub acute low back pain. In this case, the claimant has chronic low back pain and a 12-month supply is being requested. ThermaCare is not considered medically necessary.

Lidoderm 1% patch #30 with two 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), Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2000 when she had sudden low back pain after lifting a 5-gallon water bottle. Prior to May 2015 medications were decreasing pain from 6-7/10 to 3/10 and allowing for normal activities such as grocery shopping and household chores. When seen in July 2015 pain was rated at 7-8/10. Medications were not being authorized. She was having thoracic and lumbar pain with lower extremity radicular symptoms. Physical examination findings included moderate paralumbar muscle spasms with guarding and decreased range of motion. Straight leg raising was positive bilaterally. There was decreased right knee range of motion with tenderness and mild swelling.

There was moderate thoracic tenderness with muscle spasms. Phalen's testing was positive bilaterally. There was right sacroiliac tenderness. She had decreased right lower extremity sensation and there was a slow gait with use of a cane. The claimant has a history of gastritis and allergy to naproxen. Thermacare, Lidoderm, and Norco are being requested. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. In this case, other topical treatments could be considered. Lidoderm is not considered medically necessary.

Norco 7.5/325mg #120: 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 for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2000 when she had sudden low back pain after lifting a 5-gallon water bottle. Prior to May 2015 medications were decreasing pain from 6-7/10 to 3/10 and allowing for normal activities such as grocery shopping and household chores. When seen in July 2015 pain was rated at 7-8/10. Medications were not being authorized. She was having thoracic and lumbar pain with lower extremity radicular symptoms. Physical examination findings included moderate paralumbar muscle spasms with guarding and decreased range of motion. Straight leg raising was positive bilaterally. There was decreased right knee range of motion with tenderness and mild swelling. There was moderate thoracic tenderness with muscle spasms. Phalen's testing was positive bilaterally. There was right sacroiliac tenderness. She had decreased right lower extremity sensation and there was a slow gait with use of a cane. The claimant has a history of gastritis and allergy to naproxen. Thermacare, Lidoderm, and Norco are being requested. 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, when it was being authorized, was providing decreased pain and improved activities of daily living. Without this medication, pain scores have increased and the claimant is having moderate to severe pain. The total MED being requested is less than 120 mg per day consistent with guideline recommendations. Prescribing Norco is considered medically necessary.