

Case Number:	CM15-0187470		
Date Assigned:	09/29/2015	Date of Injury:	06/10/1996
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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 71 year old female, who sustained an industrial injury on 6-10-1996. The injured worker is being treated for lumbar sprain-strain and herniated nucleus pulposus. Treatment to date has included medications and injections. Per the Primary Treating Physician's Progress Report dated 6-19-2015, the injured worker reported her lumbar spine pain with radiation to the right lower extremity rated as 4-5 out of 10 with medications and 10 out of 10 without. She has recently started pool walking. Current medications include Lidoderm patches, Norco and Relafen. Objective findings included morbid obesity with difficulty rising and an antalgic gait favoring the right lower extremity. There was tenderness to palpation of the paravertebrals and L4-5 junction with L4-5 spasm. Per the medical records dated 3-19-2015 to 6-19-2015 there is no documentation of improvement in symptoms over time or a subjective decrease in pain levels over time with the current treatment. On 4-23-2015 she reported pain as "11 out of 10 and unbearable" without pain medications and 4 out of 10 with prescribed medications. She is taking Norco and Lidoderm patches which allow her to get out of bed. On 5-21-2015 she rated her pain as 4-5 with medication and 12 out of 10 without. Medications included Norco, Lidoderm patches and Nabumetone. Work status was permanent and stationary. The plan of care included medication management. Authorization was requested for pain management referral, Norco 10-325mg #120, Lidoderm patches 5% #60, Senna 8.6mg #60 and urine toxicology. On 8-26-2015 Utilization Review non-certified the request for Lidoderm patches 5% #60 and urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% Qty: 60.00: 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 June 1996 and is being treated for lumbar degenerative disc disease with radiculopathy. Medications include Lidoderm and Norco. Urine drug screening in March 2015 was consistent with the prescribed medications. When seen, she had new onset neck pain with left upper extremity radiating symptoms. Without medications pain was rated at 10/10 with pain scores of 3-5/10 at best. Physical examination findings included morbid obesity. There was an antalgic gait with poor posture and pelvic obliquity. There was decreased and painful lumbar range of motion with positive right straight leg raising. Right lower extremity sensation was decreased. Medications were continued. 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 antiepilepsy 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.

Urine toxicology Qty: 1.00: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, tools for risk stratification & monitoring.

Decision rationale: The claimant has a remote history of a work injury in June 1996 and is being treated for lumbar degenerative disc disease with radiculopathy. Medications include Lidoderm and Norco. Urine drug screening in March 2015 was consistent with the prescribed medications. When seen, she had new onset neck pain with left upper extremity radiating symptoms. Without medications pain was rated at 10/10 with pain scores of 3-5/10 at best. Physical examination findings included morbid obesity. There was an antalgic gait with poor posture and pelvic obliquity. There was decreased and painful lumbar range of motion with positive right straight leg raising. Right lower extremity sensation was decreased. Medications were continued. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six

months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. This request for urine drug screening less than one year after the previous testing is not considered medically necessary.