

Case Number:	CM15-0188457		
Date Assigned:	09/30/2015	Date of Injury:	04/01/1989
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 70 year old female, who sustained an industrial injury on 4-1-89. The injured worker was diagnosed as having lumbar facet spondylosis; lumbar-thoracic radiculopathy; sacroiliitis; insomnia. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-11-15 indicated the injured worker complains of pain in the low back. The injured worker reports she has been experiencing this pain for more than 10 years and the onset of pain was gradual over time. She describes her pain as constant but intermittently worse for aching, knife-like and throbbing pain. The pain is reported to radiate to the lower extremities. The provider documents her pain at its worst is "8 out of 10, on an average about 5 out of 10." The pain is said to be made worse by bending, bowel movements, coughing, and driving, increased activity, lifting, sitting, standing, and walking for prolonged periods of time, turning from side to side and weather changes. It gets better with acupuncture, heat, injections, inversion table, medicines, pool therapy and swimming. She is frustrated because the pain and muscle cramps and need for sleeping pills. She reports numbness associated with her pain but denies weakness. The provider notes "She reports Lyrica is effective; pain is 8 out of 10 when she is active; when she rests and takes medication her pain is 4 out of 10 and well controlled. She has failed physical therapy previously, pain is non-radiating, she has failed conservative measures. Prior RFA lumbar decreased pain which was done 4-2014 and has worn off now and she strongly desires a repeat. She reports that PCP checked renal function and that it is normal." Documentation by the provider indicates the injured worker obtained Percocet and Norco from a provider on 5-27-14 who had performed an abdominal washout then provided

postoperative pain control. A PR-2 note dated 7-11-15 is similar to complaints and treatment plan. A Request for Authorization is dated 9-3-15. A Utilization Review letter is dated 8-24-15 and non-certification was for Lidoderm 5% (700mg-patch) 1-2 patches QD PRN for 60 days #90; and Medrol (Pak) 4mg 1 QD for 7 days #7 dose pak. However, Utilization Review modified the certification for Norco 5-325mg 1 tab QID PRN for 30 days #120 to a quantity of #60 for weaning purposes. A request for authorization has been received for Lidoderm 5% (700mg-patch) 1-2 patches QD PRN for 60 days #90; Norco 5-325mg 1 tab QID PRN for 30 days #120 and Medrol (Pak) 4mg 1 QD for 7 days #7 dose pak.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (700mg/patch) 1-2 patches QD PRN for 60 days #90: 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 Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 56 of 127 Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately not medically necessary under MTUS.

Norco 5/325mg 1 tab QID PRN for 30 days #120: 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 for chronic pain.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page 79, 80 and 88 of 127. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly

evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Medrol (Pak) 4mg 1 QD for 7 days #7 dose pack: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oral Steroids/Medrol.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding oral steroids, the ODG notes: Not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012) See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013) Criteria are not met for the oral steroids, making them medically unnecessary.