

Case Number:	CM15-0189594		
Date Assigned:	10/01/2015	Date of Injury:	01/25/2003
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/25/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 46 year old male, who sustained an industrial injury on 01-25-2003. He has reported injury to the low back. The diagnoses have included lumbar degenerative disc disease with failed back surgery syndrome; lumbar radiculopathy; sacroiliitis; and right knee degenerative joint disease. Treatment to date has included medications, diagnostics, home exercise program, psychotherapy, spinal cord stimulator placement, and surgical intervention. Medications have included Norco, Gabapentin, Fentanyl patch, and Lidoderm patch. A progress report from the treating provider, dated 08-11-2015, documented an evaluation with the injured worker. The injured worker reported low back pain; he does have pain down the right lower extremity; the pain level today is rated at 4 out of 10 in intensity; currently, the spinal cord stimulator and medication are helping; he does stretches; he turns off the stimulator when he does exercise; he has more issues with depression and anxiety; he uses Gabapentin at night, which helps, but sleeping is still difficult; and his activities of daily living are independent. Objective findings included he is alert, oriented, and cogent; in no apparent distress; his mood is calm and participative; his gait is erect and independent; the generator at the right lower quadrant is well-healed; and the urine drug screen, dated 06-09-2015, is consistent for prescribed medications. The treatment plan has included the request for Norco 10-325mg take one by mouth, three times a day, max three a day, quantity 90; and Lidoderm patch 5% patch #30. The original utilization review, dated 08-31-2015, non-certified the request for Norco 10-325mg take one by mouth, three times a day, max three a day, quantity 90; and Lidoderm patch 5% patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg take one by mouth, three times a day, max three a day, quantity 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): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 8/11/15 was positive for opiates and amphetamines. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.

Lidoderm patch 5% patch #30: 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): Topical Analgesics.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm

is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that the injured worker suffers from localized peripheral neuropathic pain. The request is not medically necessary.