

Case Number:	CM15-0196000		
Date Assigned:	10/09/2015	Date of Injury:	07/19/2006
Decision Date:	12/14/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/05/2015

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

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:

This is a 51-year-old female with a date of industrial injury 7-19-2006. The medical records indicated the injured worker (IW) was treated for chronic lumbar back pain; chronic leg radicular symptoms, greater on the right; chronic bilateral sacroiliac tenderness; chronic left knee pain, status post left knee surgery; chronic bilateral trochanteric bursitis; chronic bilateral ankle sprain, greater on the right; and chronic depression and anxiety secondary to industrial injury. In the progress notes (6-30-15), the IW reported slight right knee pain, right ankle pain, lower back pain and left knee pain. Medications included Norco (since at least 4-2015) 10-325mg every 4 to 6 hours for pain, which reportedly helped relieve her pain and improved her functioning, Celebrex (since at least 4-2015), Flexeril and Lidoderm patches (since at least 4-2015). The provider noted there were no aberrant drug behaviors and a signed opioid contract was on file. On examination (6-30-15 notes), there was tenderness at the lateral right ankle and the bilateral knees. The left knee had slight swelling. She had pain on full extension of the left knee. The lower thoracic and lumbar spine was tender, with spasms. The sacroiliac region was also tender, bilaterally. Treatments included bracing, acupuncture (at least 6 sessions, with benefit) and TENS unit. The IW was unable to work. No toxicology screening was noted in the records submitted. A Request for Authorization was received for Norco 10-325mg, #120; Lidoderm patches 5%, with 3 refills; Celebrex 100mg, #60; and eight sessions of acupuncture. The Utilization Review on 9-18-15 non-certified the request for Norco 10-325mg, #120; Lidoderm patches 5%, with 3 refills; Celebrex 100mg, #60; and eight sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x8: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized. The patient has not exceeded the maximum allowable visits stipulated by the MTUS. I am reversing the previous utilization review decision. Acupuncture x8 is medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 4 months. Norco 10/325mg #120 is not medically necessary.

Lidoderm patches 5% with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The patient does not suffer from

post-herpetic neuralgia or localized peripheral pain. Lidoderm patches 5% with 3 refills is not medically necessary.

Celebrex 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: CA MTUS 2009 Chronic Pain Treatment Guidelines recommend NSAIDs as first line therapy for pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. Based on the currently available information and the patient's ongoing complaints, the medical necessity for this medication has been established and the request is approved. I am reversing the previous utilization review decision. Celebrex 100mg #60 is medically necessary.