

Case Number:	CM15-0197972		
Date Assigned:	10/13/2015	Date of Injury:	10/08/1999
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/08/2015

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 was a 65 year old male, who sustained an industrial injury, October 8, 1999. The injured worker was undergoing treatment for migraine, post-concussion syndrome, arthritis, status post C3, C4, C5 and C6 anterior fusion, thoracic disc herniation, carpal tunnel syndrome, status post closed head injury, brain, neck, and right shoulder and right knee. According to progress note of July 28, 2015, the injured worker's chief complaint was neck, mid and upper back and right knee pain and migraines. The injured worker used Lidoderm patches for the neck, continuous knee and upper middle back pain. The Norco for pain, which the pain was 8 reduced to 5 out of 10. The injured worker was using Imitrex 100mg as needed for migraines. The injured worker received significant benefit from Botox injections. The physical exam noted tight trapezius muscles and the head crooked to the right. There was decreased sensation to the bilateral upper extremities. There was numbness to the top of the left foot and in all the toes involved. The injured worker hobbles a bit when walking. There was decreased sensation in the bilateral upper extremities. The injured worker previously received the following treatments Norco 10-325mg since January 4, 2013, Lidoderm Patches 5% since January 4, 2013, TENS (transcutaneous electrical nerve stimulator) unit and Botox injection every three months for pain relief for the last 5 years according to the progress note of April 17, 2015. The UR (utilization review board) denied certification on September 10, 2015 for a prescription for Norco 10-325mg #1230, 1 Botox injection and Prescription for Lidoderm Patches 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 in October 1999 and underwent a multilevel anterior cervical decompression and fusion for the treatment of cervical spinal stenosis in July 2006 with hardware removal in October 2013, a right knee meniscectomy in April 2001 and a partial knee replacement in December 2006, right shoulder surgery in October 2002, and a lumbar discectomy. In April 2015, Botox injections had been performed every three months for the past 5 years in the cervical region for pain relief. When seen, medications were decreasing pain from 7-8/10 to 1/10. Cervical spine revision surgery was pending. Physical examination findings included appearing uncomfortable with abnormal head posture. There was decreased cervical room with tenderness and trapezius tightness. There was lumbar tenderness. He had decreased right knee range of motion with crepitus and swelling and medial joint line tenderness. There was decreased upper extremity and lower extremity sensation with mild right lower extremity weakness. Norco, Lidoderm, and Botox were 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 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 medications are providing significantly decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

1 Botox injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

Decision rationale: The claimant has a remote history of a work injury in October 1999 and underwent a multilevel anterior cervical decompression and fusion for the treatment of cervical spinal stenosis in July 2006 with hardware removal in October 2013, a right knee meniscectomy in April 2001 and a partial knee replacement in December 2006, right shoulder surgery in October 2002, and a lumbar discectomy. In April 2015, Botox injections had been performed every three months for the past 5 years in the cervical region for pain relief. When seen, medications were decreasing pain from 7-8/10 to 1/10. Cervical spine revision surgery was pending. Physical examination findings included appearing uncomfortable with abnormal head posture. There was decreased cervical room with tenderness and trapezius tightness. There was

lumbar tenderness. He had decreased right knee range of motion with crepitus and swelling and medial joint line tenderness. There was decreased upper extremity and lower extremity sensation with mild right lower extremity weakness. Norco, Lidoderm, and Botox were requested. Botox is not recommended for the treatment of chronic neck pain or myofascial pain. Repeated injections have been performed for the past 5 years. Ongoing use of Botox in this clinical situation would potentially produce muscle weakness due to its effect at the neuromuscular junction and would not be recommended. The request is not medically necessary.

Unknown prescription of Lidoderm 5%: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury in October 1999 and underwent a multilevel anterior cervical decompression and fusion for the treatment of cervical spinal stenosis in July 2006 with hardware removal in October 2013, a right knee meniscectomy in April 2001 and a partial knee replacement in December 2006, right shoulder surgery in October 2002, and a lumbar discectomy. In April 2015, Botox injections had been performed every three months for the past 5 years in the cervical region for pain relief. When seen, medications were decreasing pain from 7-8/10 to 1/10. Cervical spine revision surgery was pending. Physical examination findings included appearing uncomfortable with abnormal head posture. There was decreased cervical room with tenderness and trapezius tightness. There was lumbar tenderness. He had decreased right knee range of motion with crepitus and swelling and medial joint line tenderness. There was decreased upper extremity and lower extremity sensation with mild right lower extremity weakness. Norco, Lidoderm, and Botox were requested. 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. 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, there are other topical treatments that could be considered. Lidoderm is not considered medically necessary.