

Case Number:	CM15-0200354		
Date Assigned:	10/15/2015	Date of Injury:	10/01/2001
Decision Date:	11/25/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/13/2015

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: Washington, 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 56 year old female who sustained an industrial injury on 10-01-2001. A review of the medical records indicated that the injured worker is undergoing treatment for cervical facet syndrome, cervical pain and shoulder pain. Prior treatments included medications and work restrictions. No urine drug screening tests were included in the records available for review. According to the treating physician's progress report on 09-23-2015, the injured worker continued to experience persistent neck, right shoulder and arm pain, rated at 9-10 out of 10 without medications and 4-5 out of 10 with medications. She reported she is able to work when she takes her medications. Current medications were listed as Norco (at least since 10-2012), Soma and Lidoderm patches. Examination demonstrated neck flexion to 2 fingerbreadths of her chest, extension at 10 degrees and rotation at 40 degrees. There is no spasm or tenderness noted. The upper extremities showed good motion with motor intact and grip equal. Treatment plan consists of continuing medication regimen, continuing work with restrictions, follow-up in 8-12 weeks and the current request for Norco 10mg-325mg #540 and Lidoderm 5% patches #10. On 10-06-2015 the Utilization Review determined the requests for Norco 10mg-325mg #540 and Lidoderm 5% patches #1 were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #540: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. There is no documentation in the records available for review that the present provider used first-line medications before starting opioid therapy or that the provider is appropriately monitoring this patient for the safe use of opioids in that there is no documentation of a patient opioid use contract, comments on side effects from opioid therapies or screening for addiction or aberrant behaviors/medication misuse. The safe use of chronic opioid therapy should have this documentation. Medical necessity for the continued safe use of this medication has not been established. The request is not medically necessary.

Lidoderm 5% patches #10: 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), Topical Analgesics.

Decision rationale: Lidoderm (lidocaine) patch is an anesthetic product formulated for topical use. The use of topical agents to control pain is considered by the MTUS to be an option although it is considered largely experimental, as there is little to no research to support their use. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Additionally, use of Lidoderm is

recommended only after trial of first-line therapy with medications such as tricyclic antidepressants, SRNI antidepressants or antiepileptic drugs (AED). This patient has not been given a trial of first-line medication and does not have a diagnosed radiculopathy. In this situation there is no indication for use of Lidoderm. Medical necessity for use of this medication has not been established. The request is not medically necessary.