

Case Number:	CM15-0203201		
Date Assigned:	10/19/2015	Date of Injury:	08/20/2001
Decision Date:	12/22/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/15/2015

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:

The injured worker is a 54 year old, female who sustained a work related injury on 8-20-01. A review of the medical records shows she is being treated for neck and low back pain. In progress notes dated 8-4-15 and 9-29-15, the injured worker reports bilateral low back pain, right greater than left. She has radiating pain to both legs causing mild burning. Pain level went from 4-6 out of 10 to 3-4 out of 10 after lumbar epidural injection. She reports neck pain that radiates into the left shoulder and left arm. She has paresthesia in the hand. She reports numbness and weakness in arm. On physical exam dated 9-29-15, she has tenderness and spasm in the right paralumbar muscles. She has decreased lumbar range of motion. Straight leg raise is positive with both legs. She has decreased cervical range of motion. She has left trapezius tenderness. Treatments have included lumbar epidural steroid injection on 8-31-15 pain from sharp and stabbing to mild dull ache, medications, cervical spine surgery in 2001, physical therapy, cervical epidural injections, spinal cord stimulator, home exercises, rest, and ice-heat therapy. Current medications include Norco, MS Contin, Neurontin, Relafen and Lidoderm patches. She has been taking Neurontin, Norco, MS Contin, Relafen and Lidoderm patches since at least April, 2015. There is insufficient documentation how each of these medications are helping to decrease her pain level or if they are improving her functional capabilities. No notation on working status. The treatment plan includes requests for medication refills and for a spinal stimulator calibration. The Request for Authorization dated 8-7-15 has requests for Neurontin, Norco, Relafen, MS Contin and Lidoderm patches. In the Utilization Review dated 10-12, the requested treatments of Relafen 750mg. #60 and Lidoderm patch 5% #60 are not medically necessary. The requested treatment of

Norco 10-325mg. #180 is modified to Norco 10-325mg. #150. The requested treatment if MS Contin 100mg. #120 is modified to MS Contin 100mg. #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Purchase of Norco 10/325mg #180: Upheld

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 for chronic pain.

Decision rationale: The MTUS recommends Norco for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. Pharmacy Purchase of Norco 10/325mg #180 is not medically necessary.

Pharmacy Purchase of MS Contin 100mg #120: Upheld

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 for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. Pharmacy Purchase of MS Contin 100mg #120 is not medically necessary.

Pharmacy Purchase of Relafen 750mg #150: Upheld

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

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

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. Pharmacy Purchase of Relafen 750mg #150 is not medically necessary.

Pharmacy purchase of Lidoderm 5% patch #60: 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.

Decision rationale: 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. 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. Pharmacy purchase of Lidoderm 5% patch #60 is not medically necessary.