MAXIMUS Federal Services

Case Number:	CM15-0203281		
Date Assigned:	10/20/2015	Date of Injury:	10/14/2013
Decision Date:	12/04/2015	UR Denial Date:	09/29/2015
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: Texas, New York, 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 applicant is a represented 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 14, 2013. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve requests for Norco and Lidoderm patches. A September 17, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an earlier note dated September 9, 2014, the applicant reported ongoing complaints of low back pain radiating to the right lower extremity. The applicant had received an earlier epidural steroid injection, without lasting analgesia. The applicant was placed off of work, on total temporary disability, while Tylenol No. 3 was prescribed. On April 3, 2015, the applicant was asked to pursue lumbar spine surgery. The applicant was, once again, placed off of work, on total temporary disability. 7/10 pain complaints were reported. The applicant's sitting, standing, and walking tolerance were described as poor. No seeming discussion of medication efficacy transpired. On May 1, 2015, Norco and Lidoderm patches were again endorsed while the applicant was placed off of work, on total temporary disability. 8/10 pain complaints were reported on this date. Bending and twisting remain problematic, the treating provider reported. On September 17, 2015, Norco, Flexeril, Voltaren, and Lidoderm patches were endorsed while the applicant was placed off of work, on total temporary disability. 9/10 pain complaints were noted, exacerbated by standing, walking, and sitting. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: 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, criteria for use.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was placed off of work, on total temporary disability, on the September 15, 2015 office visit at issue. Severe, 9/10 pain complaints were noted on that date. The applicant reported difficulty performing activities as basic as standing, sitting, and walking the treating provider acknowledged. All of the foregoing, taken together, suggested that applicant had failed to profit from ongoing Norco usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

Lidoderm patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, Introduction.

Decision rationale: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidocaine is indicated in the treatment of localized peripheral pain and neuropathic pain in applicants in whom there has been a trial of first-line therapy with anti-depressants and/or anti-convulsants, here, however, progress notes of May 1, 2015 as well as September 17, 2015 office visit at issue made no mention of the applicant's having previously tried and/or failed anti-depressant adjuvant medications or anti-convulsant adjuvant medications. Both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, no seeming discussion of medication efficacy transpired on September 17, 2015. Activities as basic as sitting, standing, walking remain problematic, the treating provider reported on that date. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.