

Case Number:	CM15-0208566		
Date Assigned:	10/27/2015	Date of Injury:	06/09/1999
Decision Date:	12/08/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 67 year old female, who sustained an industrial injury on 6-9-1999. The injured worker was being treated for chronic pain syndrome, lumbar degenerative disc disease and spondylosis, right lumbar radiculitis, and cervical spine degeneration. The injured worker (7-27-2015, 8-25-2015, and 10-5-2015) reported ongoing non-radiating neck pain and non-radiating low back pain with stiffness and muscle tightness. The treating physician (10-5-2015 report) noted the injured worker was on anticoagulation and was unable to take non-steroidal steroid medication. The treating physician noted the injured worker denied any significant side effects with the medications, she has no aberrant behavior, and has a signed opioid contract with the office. The medical records show the subjective pain ratings of 5-6 out of 10 on 7-27-2015, 7-8 out of 10 on 8-25-2015, 8 out of 10 without medications and 3 out of 10 with medications on 10-5-2015. The physical exam (7-27-2015 and 8-25-2015) revealed tenderness over the cervical paraspinals, limited neck range of motion, low back range of motion limited to extension and lateral bending and mild pain with oblique lumbar extension. The physical exam (10-5-2015) revealed tenderness over the cervical and lumbar paraspinals and facet joints, reduced cervical range of motion in all planes, and pain with lumbar extension, lateral bending, and lateral rotation. The treating physician noted tenderness to palpation of the bilateral sacral iliac joint. The urine drug screen (dated 10-5-2015) indicated a negative result for opiate. Treatment has included physical therapy, chiropractic therapy, a home exercise program, an H-wave unit, a back brace, epidural steroid injections, and medications including oral pain (Norco since at least 3-2015) and topical pain (Lidoderm patches 5% since at least 3-2015). Per the treating physician

(10-5-2015 report), the injured worker is retired. The requested treatments included Lidoderm patches 5% and Norco 10-325mg. On 10-14-2015, the original utilization review non-certified a request for Lidoderm patches 5% and modified a request for Norco 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #90: 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): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement.

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

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.