

Case Number:	CM15-0209204		
Date Assigned:	10/28/2015	Date of Injury:	09/03/2008
Decision Date:	12/08/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/23/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 53 year old male, who sustained an industrial injury on 09-03-2008. A review of the medical records indicates that the worker is undergoing treatment for cervical spondylosis, failed cervical syndrome, chronic pain syndrome and opioid dependence. During a 08-20-2015 office visit note, the worker was noted to have continued neck pain and had been out of Norco since June. The worker was noted to be using only Advil over the counter, which was noted to do little to nothing for pain relief. Objective findings were documented to show no changes with mild distress due to pain. Subjective complaints (09-28-2015) included neck, right shoulder and pain back that was rated as 10 out of 10. Objective findings (09-28-2015) included decreased range of motion of the cervical spine with facet loading, pain with palpation of the lower cervical facet joints, and positive right Neer's and Hawkin's tests. Treatment has included ibuprofen, Voltaren gel, Norco (since at least 03-06-2015), Celexa, Abilify, application of heat and ice, physical therapy, and transcutaneous electrical nerve stimulator unit. There was no documentation of pain ratings before and after the use of Norco, average pain was not documented, and the duration of pain relief was not noted. There was no evidence of objective functional improvement with use. The physician noted that Lidoderm patches were recommended for use over the area of pain and that Norco would be refilled. A Utilization Review dated 10-07-2015, modified a request for Norco 10-325 mg #90 to certification of Norco 10-325 mg #60 to allow submission of objective functional benefit with medication use and non-certified a request for Lidoderm patches 5% (700 mg patch) #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Norco (hydrocodone), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's recent records (through 10-02-15) have not included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, history of urine drug testing, objective functional improvement, and performance of necessary activities of daily living; however, the injured worker is on first-line pain medications. In total, the records do not indicate that he has had sustained functional improvement and documentation has not meet the cited guidelines. The injured worker should continue appropriate follow up and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Therefore, the request for Norco 10/325mg #90 is not medically necessary and appropriate for ongoing pain management.

Lidoderm patches 5% (700mg/patch) #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Lidoderm® (lidocaine patch).

Decision rationale: The CA MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that lidocaine is recommended as a topical product for localized peripheral pain after there has been evidence of a trial of first-line therapy. According to the most recent treating provider notes through 10-02-15, the injured worker is currently on first-line therapy and has been on Lidoderm patches, but there is no documentation of decreased opioid use and improved function. Therefore, per the cited guidelines, the request for Lidoderm patches 5% (700mg/patch) #90 is not medically necessary and appropriate.