

Case Number:	CM15-0022778		
Date Assigned:	02/11/2015	Date of Injury:	12/14/2004
Decision Date:	03/26/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/05/2015

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: Emergency 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 57 year old female, who sustained an industrial injury on 12/14/2004. Details regarding the initial injury were not submitted for this review. The diagnoses have included bilateral carpal tunnel syndrome, impingement left shoulder, mild degenerative disease L5-S1 with stenosis, multilevel cervical spine degenerative disc disease, sacroiliac joint dysfunction left, and right thumb arthritis. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), bilateral iso-toner gloves for compression therapy, joint injections, physical therapy, and home exercise. Currently, the IW complains of ongoing low back and left buttock pain, bilateral hand numbness and pain, with swelling. On 1/21/15, physical examination documented positive tenderness to left SI joint, positive FABER, Gaenslen's, and thigh thrust tests on left side. The plan of care included a left hip injection, request for a large heating pad, and medication therapy. On 1/23/2015 Utilization Review non-certified Norco 10/325mg one (1) tablet every four to six (4-6) hours as needed #180, no refills and Lidoderm 5% Patch apply up to two (2) patches, twelve hour on and twelve hours off #60 with two (2) more refills, noting the documentation failed to support medical necessity. The MTUS Guidelines were cited. On 2/5/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg one (1) tablet every four to six (4-6) hours as needed #180, no refills and Lidoderm 5% Patch apply up to two (2) patches, twelve hour on and twelve hours off #60 with two (2) more refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 1 tab by mouth every 4-6hours pain #180, no refills, 6 weeks supply:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-GoingManagement, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325 mg 1 tab by mouth every 4-6hours pain #180, no refills, 6 weeks supply , is not medically necessary.CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-GoingManagement, Pages 78-80, Opioids for Chronic Pain, Pages 80-82,recommend continued use of this opiate for the treatment of moderateto severe pain, with documented objective evidence of derivedfunctional benefit, as well as documented opiate surveillancemeasures. The injured worker has low back and left buttock pain, bilateral hand numbness and pain, with swelling. On 1/21/15, physical examination documented positive tenderness to left SI joint, positive FABER, Gaenslen's, and thigh thrust tests on left side. The treating physician has not documented VAS pain quantification withand without medications, duration of treatment, objective evidence ofderived functional benefit such as improvements in activities of dailyliving or reduced work restrictions or decreased reliance on medicalintervention, nor measures of opiate surveillance including anexecuted narcotic pain contract or urine drug screening.The criteria noted above not having been met, Norco 10/325 mg 1 tab by mouth every 4-6hours pain #180, no refills, 6 weeks supply is not medically necessary.

Lidoderm 5%patch apply up to 2 patches, 12hours on 12 hours off #60 with 2 refills:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Pages 56-57 Page(s): 56-57.

Decision rationale: The requested Lidoderm 5%patch apply up to 2 patches, 12hours on 12 hours off #60 with 2 refills , is not medically necessary.CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, notethat "Topical lidocaine may be recommended for localized peripheralpain after there has been evidence of a trial of first-line therapy(tri-cyclic or SNRI anti-depressants or an AED such as gabapentin orLyrica)". It is not considered first-line therapy and only FDAapproved for post-herpetic neuralgia.The injured worker has low back and left buttock pain, bilateral hand numbness and pain, with swelling. On 1/21/15, physical examination documented positive tenderness to left SI joint, positive FABER, Gaenslen's, and thigh thrust tests on left side. The treating physician has not documented neuropathic pain symptoms,physical exam findings indicative of radiculopathy, failed first-linetherapy or documented functional improvement from the previous use ofthis topical agent.The criteria noted

above not having been met, Lidoderm 5% patch apply up to 2 patches, 12hours on 12 hours off #60 with 2 refills, no refills, 6 weeks supply is not medically necessary.