

Case Number:	CM15-0026827		
Date Assigned:	02/19/2015	Date of Injury:	08/09/2012
Decision Date:	03/27/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/12/2015

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: Florida

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 46 year old male, who sustained an industrial injury on 08/09/2012. On provider visit dated 12/30/2014 the injured worker has reported lower back and bilateral lower extremity pain and right buttock pain. On examination of the musculoskeletal system it was noted to be within baseline of level of function. The diagnoses have included chronic lumbar spondylosis without myelopathy, lumbar disc displacement without myelopathy, myalgia and myositis, lumbago and sacroilitis. Treatment to date has included medications. Urine screening during office visit. On 02/10/2015 Utilization Review non-certified Retrospective request for Norco 10/325mg tablet, QTY: 120, provided on date of service: 12/30/14, Retrospective request for Lidoderm 5% patch, QTY: 60, provided on date of service: 12/30/14 and Retrospective request for Urine drug screen sent to laboratory, provided on date of service: 12/30/14. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325mg tablet, QTY: 120, provided on date of service: 12/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hyrdocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115..

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of improved functioning with the use of this chronic narcotic medication. He has also failed to return to work. Likewise, this request is not considered medically necessary.

Retrospective request for Lidoderm 5% patch, QTY: 60, provided on date of service: 12/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

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

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried (and failed) on any of these recommended first line treatments. The patient is in fact taking Lyrica, but has not failed it, as the patient is still taking it. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested Lidoderm Patches are not medically necessary.

Retrospective request for Urine drug screen sent to laboratory, provided on date of service: 12/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids, pages 77-79.

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. The ODG states that individuals considered at low risk for aberrant behavior should be screened within 6 months of the initiation of therapy and then on a yearly basis thereafter. This patient had a drug screen on 12/5/2015 and then a repeat screen on

12/28/2015. No documentation was provided regarding the physician's rationale for this. Therefore, this retrospective request for drug testing is not considered medically necessary.