

Case Number:	CM15-0210486		
Date Assigned:	10/29/2015	Date of Injury:	01/13/2010
Decision Date:	12/10/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/26/2015

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 38-year-old male, with a reported date of injury of 01-13-2010. The diagnoses include low back pain, lumbar post laminectomy syndrome, lumbar spine radiculopathy, and lumbar degenerative disc disease. The progress report dated 10-13-2015 indicates that the injured worker complained of bilateral low back pain. The injured worker rated his pain 6 out of 10; his worst pain over the past week was rated 8 out of 10; and his pain rating when taking medications was noted as 6 out of 10 (08-06-2015 and 10-13-2015). The low back pain radiated to the bilateral lower leg. He reported tingling of the bilateral lower legs, weakness to the bilateral lower legs, difficulties with activities of daily living, and difficulty walking and running, and stiffness. The injured worker reported more than 65% pain relief since receiving the medications. The objective findings include an awkward gait, a slow gait, lumbar flexion limited by 50%, lumbar extension limited by 60%, segmental restriction on right-side bending and left rotation at L4-5 and L5-S1, segmental restriction on left side bending and right rotation at L4-5 and L5-S1, restricted facets, spinous process tenderness mildly at L4 and L5, moderate tight band, moderate spasm, moderate hypertonicity, moderate tenderness along the bilateral lumbar spine, mildly positive straight leg raise at 25 degrees along the left L4, left L5, and right S1 root distribution. The Lidoderm patches, 12 hours on and 12 hours off, were prescribed as the injured worker continued to have localized pain to the IPG (implantable pulse generator) insertion site. The diagnostic studies to date have included an MRI of the lumbar spine on 02-21-2013 which disc desiccation, mild loss disc height, and broad central protrusion with annular fissuring at L5-S1, and broad-based posterior protrusions at L4-5; and CT scan of the

lumbar spine on 03-23-2012 which showed annular degeneration and narrowed interspace at L4-5 and L5-S1. Treatments and evaluation to date have included Naproxen, Ultracet, Flexeril, Norco (since at least 05-2013), Oxycontin, Gabapentin, Elavil, acupuncture therapy, spinal cord stimulator trial on 04-15-2015, and permanent implantation of spinal cord stimulator on 07-23-2015. The treating physician requested Norco 10-325mg #150 and Lidoderm 5% patch #30. On 10-21-2015, Utilization Review (UR) non-certified the request for Lidoderm 5% patch #30 and modified the request for Norco 10-325mg #150 to Norco 10-325mg #112.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone APAP) 10/325mg #150: 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 for chronic pain.

Decision rationale: The requested Norco (Hydrocodone APAP) 10/325mg #150, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain radiated to the bilateral lower leg. He reported tingling of the bilateral lower legs, weakness to the bilateral lower legs, difficulties with activities of daily living, and difficulty walking and running, and stiffness. The injured worker reported more than 65% pain relief since receiving the medications. The objective findings include an awkward gait, a slow gait, lumbar flexion limited by 50%, lumbar extension limited by 60%, segmental restriction on right-side bending and left rotation at L4-5 and L5-S1, segmental restriction on left side bending and right rotation at L4-5 and L5-S1, restricted facets, spinous process tenderness mildly at L4 and L5, moderate tight band, moderate spasm, moderate hypertonicity, moderate tenderness along the bilateral lumbar spine, mildly positive straight leg raise at 25 degrees along the left L4, left L5, and right S1 root distribution. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, or measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco (Hydrocodone APAP) 10/325mg #150 is not medically necessary.

Lidoderm patch 5% #30: Overturned

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): Lidoderm (lidocaine patch).

Decision rationale: The requested Lidoderm patch 5% #30, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be 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)." It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has low back pain radiated to the bilateral lower leg. He reported tingling of the bilateral lower legs, weakness to the bilateral lower legs, difficulties with activities of daily living, and difficulty walking and running, and stiffness. The injured worker reported more than 65% pain relief since receiving the medications. The objective findings include an awkward gait, a slow gait, lumbar flexion limited by 50%, lumbar extension limited by 60%, segmental restriction on right-side bending and left rotation at L4-5 and L5-S1, segmental restriction on left side bending and right rotation at L4-5 and L5-S1, restricted facets, spinous process tenderness mildly at L4 and L5, moderate tight band, moderate spasm, moderate hypertonicity, moderate tenderness along the bilateral lumbar spine, mildly positive straight leg raise at 25 degrees along the left L4, left L5, and right S1 root distribution. The treating physician has documented evidence of radicular pain, radiculopathy and trials of first line drug therapy. The criteria noted above having been met, Lidoderm patch 5% #30 is medically necessary.