MAXIMUS Federal Services

Case Number:	CM15-0217624		
Date Assigned:	11/09/2015	Date of Injury:	03/29/2013
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/05/2015

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: Physical Medicine & Rehabilitation

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 41 year old male, who sustained an industrial injury on 03-29-2013. He has reported injury to the low back. The diagnoses have included chronic sprain-strain of the lumbar spine with a 5 mm disc displacement at the L4-5 level of the lumbar spine. Treatment to date has included medications, diagnostics, heat, trigger point injections, acupuncture, chiropractic therapy, physical therapy, and home exercise program. Medications have included Norco and Lidoderm patch. A progress report from the treating physician, dated 09-21-2015, documented an evaluation with the injured worker. The injured worker reported that his pain is rated an 8 out of 10 in intensity at rest and a 10 out of 10 in intensity with activity; pain which with bending, reaching, and lifting, becomes constant and slight; he confirms the necessity for pain medication for pain relief; and he indicates improvement with activities of daily living, no escalation in use, and no adverse side effects taking prescribed medication. Objective findings included a limited degree of flexion of his lower back, forward bending to within 7 inches from the ground with fingers and knees in extension; stretch tests remain positive, more in the right leg, confirming nerve entrapment-impingement of the lower back; and tight muscle spasms remain present in the lower back on palpation. The treatment plan has included the request for Norco 10-325mg #80; and 1 box Lidoderm patches 5%. The original utilization review, dated 10-15-2015, non-certified the request for 1 box Lidoderm patches 5%; and modified the request for Norco 10-325mg #80, to Norco 10-325mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Chou, R et al. The effectiveness of long term opioid therapy.

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

Decision rationale: The current request is for norco 10/325MG #80. Treatment to date has included medications, diagnostics, heat, ESI, trigger point injections, acupuncture, chiropractic therapy, physical therapy, and home exercise program. The patient's work status is not addressed. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria For Use Of Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids For Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per report 09/21/15, the patient presents with chronic low back pain. The listed diagnosis is chronic sprain- strain of the lumbar spine with a 5 mm disc displacement at the L4-5 level of the lumbar spine. Objective findings included limited flexion and forward bending, stretch tests remains positive, and there is muscle spasms. The treater recommended a refill of medications. The patient has been utilizing Norco since at least 02/02/15. The patient has reported that his pain is rated an 8 out of 10 at rest, and a 10 out of 10 with activity. He reports that he needs medications for pain and states that he has improvement with activities of daily living with the use of medications. The treater states that there are no escalation in use, and no adverse side effects with medications. MTUS page 80 and 81 states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." While this patient presents with chronic pain, he does not appear to have undergone any surgical intervention for his lumbar spine and is not presumed to be suffering from nociceptive pain. Without evidence of an existing condition which could cause nociceptive pain (such as cancer), continuation of this medication is not appropriate and the patient should be weaned per MTUS. Therefore, the request is not medically necessary.

1 box Lidoderm patches 5%: 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): Lidoderm (lidocaine patch).

Decision rationale: The current request is for 1 box lidoderm patches 5%. Treatment to date has included medications, diagnostics, heat, ESI, trigger point injections, acupuncture, chiropractic therapy, physical therapy, and home exercise program. The patient's work status is not addressed. Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request is not medically necessary. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 57, Lidoderm (Lidocaine patch) section states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Per report 09/21/15, the patient presents with chronic low back pain. The listed diagnosis is chronic sprain-strain of the lumbar spine with a 5 mm disc displacement at the L4-5 level of the lumbar spine. Objective findings included limited flexion and forward bending, stretch tests remains positive, and muscle spasms. The treater recommended a refill of medications. The patient has been utilizing the Lidocaine patches with noted efficacy for his chronic low back pain. In this case, the patient presents with lumbar sprain/strain, for which Lidoderm patches are not indicated. MTUS states that Lidocaine patches are for neuropathic pain that is peripheral and localized, and are not indicated for axial spine pain. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.