MAXIMUS Federal Services

Case Number:	CM15-0220386		
Date Assigned:	11/13/2015	Date of Injury:	09/12/2007
Decision Date:	12/24/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	11/09/2015

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: New Jersey
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 53 year old female, who sustained an industrial injury on 9-12-2007. Medical records indicate the worker is undergoing treatment for lumbar disc displacement, chronic lumbar pain, chronic right shoulder pain, right lateral epicondylitis. A recent progress report dated 9-4-2015, reported the injured worker complained of pain in the right shoulder, right elbow and lower back. Pain was not quantified on this visit. Physical examination revealed paralumbar tenderness and spasm, right shoulder rotator cuff tenderness and right shoulder crepitus. Treatment to date has included physical therapy and Lidoderm patches (since at least 6-3-2013) and Norco (since at least 6-3-2013). On 9-4-2015 the Request for Authorization requested Lidoderm patch #90 with 3 refills and Norco 5-325mg #120.On 10-17-2015, the Utilization Review noncertified the request for Lidoderm patch #90 with 3 refills and Norco 5-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch #90 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was report of using first-line oral medication but failed and lidocaine was used and currently a request for continuation of these lidocaine patches was made. Upon close review of the notes provided, there is clear and measurable reporting of pain level reduction and functional gains independently assessed of Lidocaine patches, showing clear benefit. Also, the worker is working in part as a result of taking this medication. Therefore, continued use of this medication is medically necessary and appropriate.

Norco 5/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was record of a recent full review for Norco use. Upon close review of the notes provided, there is clear and measurable reporting of pain level reduction and functional gains independently assessed of Norco, showing clear benefit. The report included no side effects or misuse of this medication. Also, the worker is working in part as a result of taking this medication. Therefore, continued use of this medication is medically necessary and appropriate. Using the lowest dose and frequency, however, is still recommended for this worker.