

Case Number:	CM15-0221309		
Date Assigned:	11/16/2015	Date of Injury:	03/25/2009
Decision Date:	12/23/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/10/2015

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: Preventive Medicine, Occupational 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 44-year-old male, who sustained an industrial injury on 3-25-2009. The injured worker is being treated for failed back surgery syndrome, lower extremity radiculopathy, lumbar facet arthropathy, bilateral sacroiliitis, cervical sprain-strain, cephalgia, left knee chronic pain, persistent Bell's palsy and left lateral epicondylitis. Treatment to date has included diagnostics including nerve studies and magnetic resonance angiography (MRA) of the neck and back, medication management, surgical intervention, physical therapy, diagnostics, bracing and a cane for ambulation. Per the Primary Treating Physician's Progress Report dated 10-15-2015, the injured worker reported that he is worse since the last visit because his pharmacy has not been able to get authorization from the insurance company to provide him with medications. He has not had any injections. He is not working. He is having no therapy at this time. Current medications include Ibuprofen, Gabapentin, Percocet and Lidoderm patches. He has not been able to get the medications because of the pharmacy not getting authorization. Since the last visit his arm hurts more. He has numbness and tingling from the upper shoulder down to the fingertips and he attributes this to the use of a cane for ambulation. Objective findings included 2+ tenderness of the left elbow and the lateral epicondyle. Left knee flexion was 90 degrees with tenderness over the lateral malleolus. His lumbar spine had flattening suggesting spasm of the paraspinous muscles. There was tenderness over L3-4, L4-5 and L5-S1 bilaterally. He has been prescribed Percocet and Lidoderm patches since at least 5-19-2015. Per the medical records dated 5-19-2015 to 10-15-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. He was to stay off work for 6 weeks. The plan of care included continued medication management. Authorization was requested on 10-29-

2015 for follow up visit times one with pain management, Gabapentin 800mg #90, Ibuprofen 800mg #60, Percocet 10-325mg #60 and Lidoderm patch 5% #30. On 11-04-2015, Utilization Review non-certified the request for Percocet 10-325mg #60 and Lidoderm patch 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: MTUS Guidelines support the careful use of opioid medications if specific criteria are met. These criteria include: meaningful pain relief, improved functioning and the lack of drug related aberrant behaviors. This individual meets these criteria. There is periodic documentation of about a 40% improvement in pain and improvements in ADLs/functioning. Aberrant behaviors are screened for and have been absent. Under these circumstances, the Percocet 10/325mg #60 is supported by Guidelines and is medically necessary.

Lidoderm Patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: MTUS Guidelines are very specific in stating that topical Lidoderm is only recommended for local peripheral neuropathic pain. In these instances it is being applied to the low back and is reported to help with low back pain, but no improvement in leg or radiating pain is reported. The use of Lidoderm is not Guideline supported in this manner and there are no unusual circumstances to justify an exception to Guidelines. The Lidoderm Patch 5% #30 is not medically necessary.