

Case Number:	CM15-0037411		
Date Assigned:	03/05/2015	Date of Injury:	06/07/2004
Decision Date:	04/20/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/27/2015

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 72 year old female, who sustained an industrial injury on 6/7/04. The injured worker has complaints of low back pain; neck pain and bilateral shoulder pain with spasms and aching. The diagnoses have included cervical radiculopathy; cervicalgia; degeneration of cervical disk; pain in thoracic spine; displacement of cervical disk; degeneration of lumbar disk; lumbago; displacement of lumbar disk and right shoulder pain. According to the utilization review performed on 2/20/15, the requested Pharmacological reevaluation in 1 month medically has been certified. The requested Hydrocodone/APAP 10/325 #120 and Lidoderm Patches 5% #60 have been non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The 72 year old patient complains of low back pain, neck pain, and bilateral shoulder pain, as per progress report dated 01/29/15. The request is for HYDROCODONE /APAP 10/325 # 120. There is no RFA for this case, and the patient's date of injury is 08/07/04. Diagnoses, as per progress report dated 01/29/15, included cervical radiculopathy, cervicgia, degeneration of cervical risk, pain in thoracic spine, displacement of cervical disk, degeneration of lumbar disk, lumbago, displacement of lumbar disk, and right shoulder spine. Medications included Hydrocodone, Lidoderm patches, and Hyzaar. The reports do not document the patient's work status. MTUS Guidelines 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 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the patient has been taking Hydrocodone at least since 02/06/14. In progress report dated 01/29/15, the treater states that without Hydrocodone "her functional capacity would be reduced". However, in the same report, the treater states that the patient is in high-risk category for opioid dependence. The treater states that they assess the patient's analgesia and functionality at each visit, and use CURES and UDS reports for monitoring compliance. Nonetheless, the treating physician does not document reduction in pain in terms of change in pain scale nor does the treater use a validated scale to demonstrate an increase function due to Hydrocodone use. No UDS or CURES reports are available for review and the treater does not list the side effects associated with medication in this patient. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

Lidoderm Patches 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The 72 year old patient complains of low back pain, neck pain, and bilateral shoulder pain, as per progress report dated 01/29/15. The request is for LIDODERM PATCHES 5% # 60. There is no RFA for this case, and the patient's date of injury is 08/07/04. Diagnoses, as per progress report dated 01/29/15, included cervical radiculopathy, cervicgia, degeneration of cervical risk, pain in thoracic spine, displacement of cervical disk, degeneration of lumbar disk, lumbago, displacement of lumbar disk, and right shoulder spine. Medications included Hydrocodone, Lidoderm patches, and Hyzaar. The reports do not document the patient's work status. MTUS guidelines page 57 states, "topical Novocain may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tree-cyclic or SNRI anti-depressants or an AED such as parenting or Lyrics)." MTUS Page 112 also states,

"Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that epidermal 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. In this case, a prescription for Lidoderm patch is first noted in progress report dated 02/06/14, and the patient has been using the medication consistently at least since then. In the progress report dated 01/29/14, the treater states that the patient uses the patch first thing in the morning to get up and walk. "Without the patch, however, she is not able to walk in the mornings" as per the same report. Nonetheless, there is no documentation of neuropathic pain for which Lidoderm patch is indicated. Hence, the request IS NOT medically necessary.