MAXIMUS Federal Services

Case Number:	CM15-0041418		
Date Assigned:	03/11/2015	Date of Injury:	11/27/1996
Decision Date:	04/23/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

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 York, West Virginia, Pennsylvania
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:

This 62 year old male sustained an industrial injury to the back on 11/27/96. Previous treatment included lumbar fusion, aqua therapy, home exercise and medications. In a PR-2 dated 1/15/15, the injured worker was there for medication maintenance. The injured worker complained of pain to bilateral legs, shoulders, buttocks, knees and low back rated 6-8/10. Physical exam was remarkable for kyphotic posture and slow antalgic gait with ginger transitions. The injured worker sat and stood during the evaluation due to pain. Current diagnoses included chronic low back pain, failed lumbar back surgery, myalgia, bilateral shoulder impingement syndrome, erectile dysfunction, anxiety, depression and insomnia. The treatment plan included renewing medications (Lidoderm, Duragesic patch, Norco, Ambien, Cymbalta, Naprosyn, Zanaplex, Effexor, Zonegran, Terazosin, Benadryl, Thermophore pads, Androgel pump, Lidoderm patch and Voltaren gel).

IMR ISSUES, DECISIONS AND RATIONALES

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

180 tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines state that patients on chronic opioids should undergo monitoring for efficacy, side effects, functionality and sign of aberrant drug use. In this case, the clinical documents note that the Norco relieves pain, but there is no mention of a change in functionality, presence of side effects or assessment for signs of aberrant drug use. Thus the request for Norco 10/325 mg #180 is not medically appropriate and necessary.

3 boxes of Lidoderm 5% patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57.

Decision rationale: Guidelines state lidocaine is recommended for treatment of localized peripheral pain after first line therapy has failed. In this case, documentation failed to provide evidence of increase in function or evidence that first line therapy such as antidepressants and antiepilleptic agents. The request for Lidoderm is not medically appropriate and necessary.

15 patches of Duragesic-75 75mcg/hr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-96.

Decision rationale: Guidelines state that patients on chronic opioids should undergo monitoring for efficacy, side effects, functionality and sign of aberrant drug use. In this case, the clinical documents note that the Duragesic relieves pain, but there is no mention of a change in functionality, presence of side effects or assessment for signs of aberrant drug use. Thus the request for Duragesic 75mcg #15 is not medically appropriate and necessary.

30 patches of Duragesic-100 100mcg/hr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78,86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines state that patients on chronic opioids should undergo monitoring for efficacy, side effects, functionality and sign of aberrant drug use. In this case, the clinical documents note that the Duragesic relieves pain, but there is no mention of a change in functionality, presence of side effects or assessment for signs of aberrant drug use. Thus the request for Duragesic 100 mcg #30 is not medically appropriate and necessary.