MAXIMUS Federal Services

Case Number:	CM15-0044913		
Date Assigned:	03/17/2015	Date of Injury:	05/15/2009
Decision Date:	04/23/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/10/2015

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: North Carolina, Georgia
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 48 year old male, who sustained an industrial injury on May 15, 2009. He reported a low back injury. The injured worker was diagnosed as having low back and right lower extremity pain, and lumbar spondylosis with facet hypertrophy. Treatment to date has included neurology consultation, magnetic resonance imaging, medications, previous epidural steroid injections at right L2-L3, and L3-L4, microdiscectomy and foraminotomy, L4-L5 discectomy with anterior and posterior fusion, botox injections, chemodeneveration. On February 18, 2015, his current complaints are increasing right leg pain. He reports feeling as if the epidural injection had worn off. The last epidural injection was on October 30, 2014, and the provider reports a 50% improvement. The request is for one prescription of Lidoderm 5% patches #90 and one right L2-L3 and L3-L4 transforaminal epidural steroid injection under fluoroscopy, and one prescription of Norco 10/325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 56-57.

Decision rationale: The CA MTUS states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case do describe any prior treatment with a first line treatment but do not document any pain reduction or functional improvement after institution of Lidoderm. Therefore the use of Lidoderm is not medically necessary.

1 right L2-L3 and L3-L4 transforaminal epidural steroid injection under flourosopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46.

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is documentation of 50% or greater reduction in pain after the prior injections but no documentation of reduced medication use or improved function. Epidural steroid injections right L2-L3 and L3-L4 are not medically indicated.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional

improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.