

Case Number:	CM15-0048678		
Date Assigned:	03/20/2015	Date of Injury:	07/11/1997
Decision Date:	05/06/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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, Pain Management, 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 49 year old male who sustained an industrial injury on 7/11/1997. His diagnoses, and/or impressions, include failed back surgery syndrome - lumbar; lumbar radiculopathy; and spasm of muscle. There is no record of recent magnetic resonance imaging or electromyogram studies. He has been treated with narcotic medications and urine toxicology studies. In the progress notes of 3/2/2015 , his treating physician reports pain in the upper-mid and low back, decreased 50% on medications, and bilateral thoracic to sacral muscle spasms. He is requesting Norco due to increased pain since the weaning of this medication, and Lidocaine Patches to decrease allodynia and "dyesthesia" symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use Page(s): 79.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no meaningful functional improvement. Opioids used to treat non-malignant pain should provide functional restoration. Individuals receiving chronic opioid maintenance therapy (COMT) may be dependent on the medication but dependence is not a criterion for ongoing opioid use. The medical records do not document meaningful functional restoration attributable to opioid use. Weaning is recommended per MTUS 2009. This request for #120 of Norco is not medically necessary.

Lidocaine patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

Decision rationale: MTUS 2009 states that Lidoderm patches are a second line treatment for post-herpetic neuralgia. The patient is not diagnosed with post-herpetic neuralgia, therefore the medication should provide meaningful improvement with its use. The patient continues to be prescribed multiple medications including opioids and has significant functional limitations. The benefit from the use of Lidoderm patches in this case is not self-evident. This request for Lidoderm is not medically necessary since its use does not adhere to MTUS 2009 and there is no substantive benefit from its continued use.