

Case Number:	CM15-0053780		
Date Assigned:	03/27/2015	Date of Injury:	08/23/2011
Decision Date:	05/06/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female injured worker suffered an industrial injury on 08/23/2011. The diagnoses included cervical pain and myofascial pain syndrome/fibromyalgia. The MRI of the cervical spine showed multilevel degenerative disc disease, facet arthropathy and foraminal stenosis. The injured worker had been treated with medications, PT, acupuncture, water aerobics, home exercise program and TENS unit. On 2/26/2015, the treating provider reported ongoing lower back pain rated at 6/10 on a scale of 0 to 10. The cervical spine was tender with decreased range of motion along with tenderness of the thoracic spine, lumbar spine and facet joints. The medications listed are Celebrex, Norco and Lidoderm. The medications listed are Celebrex, Norco and Lidoderm. The treatment plan included Lidoderm 5% patch and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, quantity 30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidocaine Indication Page(s): 105; 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic products.

Decision rationale: The C MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when treatments with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain. There is no documentation of failure of first line antidepressant and anticonvulsant medications. The criteria for the use of Lidoderm patch 5% #30 with 1 refill was not met and therefore is not medically necessary.

Norco 10/325mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 91; 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records did not show guidelines required documentation of compliance monitoring such as serial UDS, absence of aberrant behaviors and objective findings of measurable functional restoration. There is no documentation of failure of treatment with NSAIDs and non-opioid co-analgesic medications. The criteria for the use of Norco 10/325mg #30 was not met, and therefore is not medically necessary.