

Case Number:	CM15-0060285		
Date Assigned:	04/06/2015	Date of Injury:	09/11/2000
Decision Date:	05/12/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/30/2015

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, Hawaii
 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 67 year old male with an industrial injury dated September 11, 2000. The injured worker diagnoses include chronic pain, degenerative lumbar/lumbosacral intervertebral disc, spinal stenosis of lumbar region, lumbago, and thoracic/lumbosacral neuritis/radiculitis unspecified. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 02/18/2015, the treating physician reported moderate generalized tenderness in the lumbar area, restricted movement in all directions and antalgic gait. The treating physician prescribed services for Lidoderm 5%, Norco 10/325mg and Ultram ER 100mg now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Norco 10/325mg #60 with 1 refill. The treating physician report dated 2/18/15 (25B) states, "He is compliant with his medications and has been more functional in his ADLs. He will continue his current regiment and we will monitor it for continued effectiveness." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Norco since at least 9/17/14. None of the medical reports provided assess the patient's pain level. No adverse effects or adverse behavior were discussed by the patient. The patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, even though the physician notes that the patient is more functional in his ADLs, all four of the required As are not addressed and the patient's pain level has not been assessed in any of the documents provided. Recommendation is for denial. The request is not medically necessary.

Ultram ER 100mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Ultram ER 10/325mg #60 with 1 refill. The treating physician report dated 2/18/15 (25B) states, "He is compliant with his medications and has been more functional in his ADLs. He will continue his current regiment and we will monitor it for continued effectiveness." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Ultram ER since at least 9/17/14. None of the medical reports provided assess the patient's pain level. No adverse effects or adverse behavior were discussed by the patient. The patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, even though the physician notes that the patient is more functional in his ADLs, all four of the required As are not addressed and the patient's pain level has not been assessed in any

of the documents provided. Recommendation is for denial. The request is not medically necessary.

Lidoderm 5% #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Lidoderm 5% #90 with 2 refills. The treating physician report dated 2/18/15 (25B) states, "He is compliant with his medications and has been more functional in his ADLs. He will continue his current regiment and we will monitor it for continued effectiveness. Refill Lidoderm patch (3 month supply). MTUS guidelines state Lidoderm is "Not recommended until after a trial of a first-line therapy, according to the criteria below. Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." In this case, there is no evidence in the documents provided, that show the patient underwent a trial of a first-line therapy, the physician has not documented that the patient presents with localized peripheral neuropathic pain and there is no documentation that prior Lidoderm usage provided any functional improvement for the patient. The current request is not medically necessary and the recommendation is for denial.