

Case Number:	CM15-0083445		
Date Assigned:	05/05/2015	Date of Injury:	11/24/1997
Decision Date:	06/10/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/01/2015

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

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 77 year old female who sustained an industrial injury on November 24, 1997. Previous treatment includes MRI of the lumbar spine, right hip arthroplasty, and medications. An evaluation dated, December 18, 2014 revealed the injured worker had complaints of right hip pain radiating to her groin area. The submitted documentation does not established previous antidepressant/anticonvulsant therapy or any functional gains related to the use of Lidoderm or Norco. Diagnoses associated with the request include lumbar strain, total hip replacement and right hip pain. The treatment plan includes Norco and Lidoderm for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% (unknown qty): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches, Lidocaine Page(s): 57,112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Lidoderm® (lidocaine patch).

Decision rationale: The patient presents with right hip pain radiating to groin rated 6/10. The request is for LIDODERM PATCH 5% (UNKNOWN QTY). The request for authorization is not provided. The patient is status-post Total Hip Replacement, date unspecified. MRI of the lumbar spine, 08/27/14, shows severe central canal stenosis at L4-L5 with high-grade facet arthropathy, at L5-S1 a 4-mm left paracentral and left foraminal disc protrusion, and at L4-L5 a 3-mm left foraminal disc protrusion. CT scan of the lumbar spine, 08/23/11, shows moderately severe spinal canal neuroforamina stenosis at L3-L4, and severe spinal canal and neural foramina stenosis at L4-L5. X-ray of the right hip, 12/18/14, shows status post right hip arthroplasty, good alignment, no acute fracture or dislocation, no destructive bony lesion, soft tissue is unremarkable. Physical examination of the the right hip reveals clean, dry and intact wound. No dehiscence and no drainage. Range of motion is full. Patient's medications include Norco, Alendronate, Aspirin, Fluocinonide, Levothyroxine, Lisinopril, Meloxicam, Meoprolol Tartrate, Omeprazole, Oxybutynin, Rivaroxaban, Triamterene and Lidoderm. The patient's work status is not provided. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater does not specifically discuss this medication. In this case, it appears this is the initial trial prescription for the Lidoderm patch, as there is no documentation or discussion by treater of prior use by patient. However, there is no documentation on how the Lidoderm patch is to be used and how often. Additionally, Lidoderm patch is indicated for localized peripheral pain, which the treater does not document. Therefore, the request IS NOT medically necessary.

Norco 10/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Hydrocodone Page(s): 88-90, 76-78.

Decision rationale: The patient presents with right hip pain radiating to groin rated 6/10. The request is for NORCO 10/325 #90. The request for authorization is not provided. The patient is status-post Total Hip Replacement, date unspecified. MRI of the lumbar spine, 08/27/14, shows severe central canal stenosis at L4-L5 with high-grade facet arthropathy, at L5-S1 a 4-mm left paracentral and left foraminal disc protrusion, and at L4-L5 a 3-mm left foraminal disc protrusion. CT scan of the lumbar spine, 08/23/11, shows moderately severe spinal canal neuroforamina stenosis at L3-L4, and severe spinal canal and neural foramina stenosis at L4-L5. X-ray of the right hip, 12/18/14, shows status post right hip arthroplasty, good alignment, no acute fracture or dislocation, no destructive bony lesion, soft tissue is unremarkable. Physical examination of the right hip reveals clean, dry and intact wound. No dehiscence and no drainage. Range of motion is full. Patient's medications include Norco, Alendronate, Aspirin, Fluocinonide, Levothyroxine, Lisinopril, Meloxicam, Meoprolol Tartrate, Omeprazole, Oxybutynin, Rivaroxaban, Triamterene and Lidoderm. The patient's work status is not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As, analgesia, ADLs, adverse side effects,

and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. The patient is prescribed Norco since at least 03/30/13. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There is no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.