MAXIMUS Federal Services

Case Number:	CM15-0086428		
Date Assigned:	05/08/2015	Date of Injury:	10/19/2001
Decision Date:	06/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/05/2015

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: Preventive Medicine, 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 64-year-old female who sustained a work related injury October 19, 2001. Past history included s/p left knee arthroscopy August 2009, s/p left total knee resurfacing, March 2011, s/p left knee arthroscopy, manipulation under anesthesia and debridement, July 2012. According to a primary treating physician's follow-up report, dated March 31, 2015, the injured worker presented for routine examination and refills of medication. Pain is located in the lower back and is described as sharp/stabbing. She reports the pain as 4/10 with medication and 6-7/10 without medication. According to the physician, she has failed multiple conservative therapies including; physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs), TENS unit, and various medication trials for greater than 6 months without benefit. Diagnoses are documented as chronic pain syndrome; lower back pain; spinal enthesopathy. Treatment plan included education regarding proper body mechanics, engage in low-impact activities, consider repeat bilateral lumbar ablation, and request for authorization Lidoderm, Norco, and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5%, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines support the use of topical lidocaine for localized peripheral neuropathic pain if 1st line medications for neuropathic pain have failed. These standards are not met with this individual. The pain is reported to be in the low back and in the records reviewed, there has not been a reasonable trial of other medications indicated for this condition. There are no unusual circumstances to justify an exception to Guidelines. Therefore, the request is not medically necessary.

Norco 10mg/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the use of opioids when there is meaningful pain relief, functional support and the lack of drug related aberrant behaviors. There is reported to be up to 50% pain relief with the use of medications, but there is little documentation regarding functional support. There is no evidence of drug related aberrant behaviors. Given the relative modest use of Norco and the level of reported pain relief, there is a reasonable exception to the strict application of the Guidelines recommendations to measure function. If opioid use increases it would be reasonable to apply a higher standard of documentation, but under these circumstances, the request is medically necessary.

Norflex 100mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: MTUS Guidelines do not support the long term daily use of muscle relaxants. Intermittent use during distinct flare-ups may be supported, but this is prescribed for daily long term use. There are no unusual circumstances to justify an exception to Guidelines. The Norflex 100mg is not supported by Guidelines and is not medically necessary.