

Case Number:	CM15-0087280		
Date Assigned:	05/11/2015	Date of Injury:	11/20/2003
Decision Date:	06/30/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/06/2015

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 59-year-old male, who sustained an industrial injury on November 20, 2003, incurred low back and hips injuries after falling backwards off a ladder. He was diagnosed with lumbar spine herniation, lumbosacral spondylosis, right lower extremity radiculopathy, tear of the right hamstring and left hamstring tendinosis. Treatments included diagnostic imaging, pain medications, epidural steroid injection, work modifications, and physical therapy, which provided no relief of pain. Currently, the injured worker complained of persistent low back pain, right hip pain with decreased range of motion. The treatment plan that was requested for authorization included five trigger point injections and prescriptions for Norco, Lidoderm patch and Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Norco 5/325mg #60: Overturned

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

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 One prescription for Norco 5/325mg #60. The treating physician states in the report dated 3/2/15 (116B), "I am refilling medications as I see no evidence of abuse, diversion, hoarding, or impairment. Adverse effects of the medications were discussed with the patient." The treating physician also documents that the patient receives >50% pain relief with medication which allow the patient to perform ADLs. For chronic opiate use, the 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary and the recommendation is for authorization.

One prescription for Lidoderm patch 5% #90 with 3 refills: Upheld

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

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 One prescription for Lidoderm patch 5% #90 with 3 refills. The treating physician states in the report dated 4/28/15, "Lidoderm 5% adhesive patch once a day. Patient has had an exacerbation of his usual pain." (119B) The MTUS guidelines state, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy." In this case, the treating physician has documented that other first line therapies have decreased the patient's pain and there is no documentation of any localized peripheral pain. The current request is not medically necessary and the recommendation is for denial.

Flector patches 1.3 % with three refills: Upheld

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

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Flector patches 1.3% with three refills. The treating physician states in the report dated 4/28/15, "Flector 1.3% 12 hour patch twice a day for 30 days, refills 3." (119B) The MTUS guidelines states, "Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Neuropathic pain: Not recommended as there is no evidence to support use." MTUS guidelines only recommend topical NSAIDs for

osteoarthritis and tendinitis in the knee, elbow, or other peripheral joints. In this case, the treating physician documents that the patient is having lower back pain and the patient is not experiencing peripheral osteoarthritis or tendinitis symptoms. The current request is not medically necessary and the recommendation is for denial.

Five trigger point injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Five trigger point injections. The treating physician states in the report dated 4/28/15 (120B), "Pain management: trigger point injection." The MTUS guidelines state: "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." In this case, the treating physician has documented that the patient has pain to palpation over the lumbar facet. However, there is no documentation of twitch response indicating the presence of a trigger point and request does not include where the injection would be performed. MTUS also does not support authorization of 5 injections as there must be positive response from the initial injection for further recommendation of injections. The current request is not medically necessary and the recommendation is for denial.