

Case Number:	CM15-0237933		
Date Assigned:	12/15/2015	Date of Injury:	05/02/2013
Decision Date:	01/19/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/07/2015

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:

This is a 51 year old female with a date of injury on 5-2-13. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and back pain. Progress report dated 10-9-15 reports complaints of a flare up in her neck and back pain. No new injury. Objective findings: tender to palpation of the cervical spine and referred pain in the left trapezius muscle mass, mild decrease in neck range of motion, lumbar spine tender to palpation with decrease in range of motion and there is referred pain into the gluteal areas bilaterally, she ambulates with a cane and she is grossly neurologic and vascular exam in upper and lower extremities. MRI cervical spine in 2013 showed degenerative disease at C5-6 with secondary central canal and bilateral neural foraminal stenosis. MRI lumbar spine 5-2-014 disk desiccation with 1-2 mm diffuse disk bulges at L1-2 and L3-4, mild decreased disk height, disk desiccation with grade 1 spondylolisthesis at L4-5 associated with degenerative changes involving L4-5 and disk desiccation with a 3-4 mm diffuse disk bulge at L5-S1. Treatments include: medication, physical therapy, acupuncture, chiropractic care. According to the medical records the injured worker has been using Lidocaine patches since at least 4-17-15. Request for authorization was made for Lidocaine patches quantity 30 and Norco 7.5-325 mg quantity 100. Utilization review dated 12-2-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS Guidelines are specific in stating the topical Lidoderm is recommended only for localized neuropathic pain and is not indicated for spinal pain. There is no documentation of a significant neuropathic pain syndrome affecting a localized area and there is no documentation that this has been effective enough to justify an exception to Guideline recommendations. The Lidocaine patches #30 are not medically necessary.

Norco 7.5/325mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: From the records available for review, this appears to be a new prescription for opioid medications due to increasing pain levels. The MMI report and treatment narratives do not document prior use. Guidelines do support the careful use of opioids if there are resulting benefits to pain and functioning. A trial of opioids is reasonable under these circumstances and if there is inadequate documentation of the necessary benefits and screening for misuse this can be re-reviewed in a few months time. Under these circumstances and at this point in time, the Norco 7.5/325mg #100 is supported by Guidelines and is medically necessary.