

Case Number:	CM14-0101248		
Date Assigned:	07/30/2014	Date of Injury:	09/11/2008
Decision Date:	10/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 55 year old female with complaints of low back pain. The date of injury is 9/11/08 and the mechanism of injury is lifting injury (lifting a 60 pound case of chickens). At the time of request for Norco 10-325 #60 and Lidoderm 5% patch #30, there is subjective (low back pain) and objective (antalgic gait, range of motion restricted, tenderness and spasm paravertebral muscles lumbar spine, moderate pain with extension lumbar spine right greater than left, lumbar facet tenderness L4,L5,S1 right greater than left, straight leg raise right positive with positive Faber test, sensation decreased over lateral foot and calf right side) findings, imaging findings (MRI lumbar spine 4/15/10 shows facet hypertrophy L3/4,L4/5), diagnoses (sacroiliac pain, lumbar degenerative disc disease, low back pain), and treatment to date (medications, epidural steroids, trigger point injections, psychiatry). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an AED.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do support/supply this information, it is my opinion that the request for Norco 10-325mg#60 is medically necessary.

Lidoderm 5% Patches (700Mg/patch)# 30: 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(Lidocaine patch) Page(s): 55-56.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an AED. As there is no documentation of a failed trial with antiepileptics as well as functional improvement specific to Lidoderm, it is my opinion that this medication is not medically necessary.