

Case Number:	CM14-0117356		
Date Assigned:	09/16/2014	Date of Injury:	05/18/2012
Decision Date:	10/16/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/24/2014

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, Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 51-year-old female who reported an injury on 05/08/2012. The mechanism of injury occurred due to cumulative trauma. Her diagnoses included degenerative cervical spondylosis, myofascial pain syndrome, pain disorder of a psychological medical condition, insomnia, and chronic headache pain. The injured worker's past treatments included physical therapy, acupuncture, and medications. The injured worker's surgical history was not clearly indicated in the clinical notes. On 07/02/2014, the injured worker complained of worsening chronic neck and arm pain with associated headaches due to degenerative spondylosis of the cervical spine. She reported partial pain relief with her current analgesic medications, which helped her maximize her level of physical function and improve her quality of life. The physical exam was not clearly indicated in the clinical notes. The injured worker's medications included Norco 10/325 mg, trazodone 50 mg, ibuprofen 800 mg, and lidoderm patches #30. The treatment plan consisted of the continuation of current analgesic medicines, urine drug screens, and a course of behavioral medicine consult. A request was received for Norco 10/325 mg #60 and Lidoderm patches #30. The Request for Authorization form was not submitted. The rationale for the request was to optimize the analgesic medication regimen to achieve maximum pain relief with highest level of physical function. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): page(s) 74-78.

Decision rationale: The California MTUS Guidelines recommend opioid analgesics to relieve symptoms related to pain. The continuation of opioid therapy should be based on the 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients. Pain relief, side effects, physical/psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors should be documented to warrant the continued use of opioids. An adequate pain assessment should include quantitative measurable outcomes that include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Additionally, the duration of use should be clearly documented. Based on the clinical notes, there was an absence of quantitative measurable data that indicated Norco 10/325mg provided increased functionality and decreased pain. There must be documented measurable pain scales to corroborate increased function and pain relief. The clinical notes indicated that the medications enabled her to perform activities of daily living and have improved function. However, none of these indications of "improvement" are documented using quantitative measurable outcomes. The efficacy of medications cannot be solely based on subjective reports. The use of urine drug screens to retard aberrant behaviors would be supported by the guidelines for continued use. Despite the use of urine drug screens, the clinical notes also failed to identify the duration of use, as long term use is not recommended and may increase dependency risks. Additionally, the request did not include frequency of dosing. Therefore, due to lack of documentation showing quantitative measurable data indicating increased functionality and decreased pain; duration of use; and lack of frequency information, the request is not supported. Thus, the request for Norco 10/325mg #60 is not medically necessary.

Lidoderm Patches # 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 Page(s): 56.

Decision rationale: The California MTUS guidelines recommend Lidoderm for localized peripheral pain after there has been evidence of a trial of first-line therapy such as, anti-depressants or anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Based on the clinical notes, the injured worker had a diagnosis of degenerative cervical spondylosis, myofascial pain syndrome, and pain disorder with a psychological medical condition. These diagnoses are not indicated for the use of Lidoderm. The use of Lidoderm is based on an etiology of post-herpetic neuralgia. Also, the use of Lidoderm should also be based on the trial of first-line therapy such as, anti-

depressants or anticonvulsants. Again, the clinical notes failed to identify that the injured worker tried and failed these first line options to warrant the use of Lidoderm patches. Additionally, the clinical notes lack quantitative evidence of decreased pain and increased functionality to warrant the continued use of Lidoderm. Moreover, the request lacks a frequency of dose. Therefore, due to lack of documentation indicating a diagnosis related to post-herpetic neuralgia; a trial and failure of first line therapy such as anti-convulsants; evidence of quantitative pain measures; and the absence of a frequency of dose, the request is not supported. Thus, the request for Lidoderm Patches #30 is not medically necessary.