

Case Number:	CM14-0122534		
Date Assigned:	09/23/2014	Date of Injury:	04/26/2007
Decision Date:	10/29/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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 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 49-year-old female who reported an injury on 04/26/2007. While working as a nurse she was pushing a resident in the hospital and felt lower back pain. The injured worker had a history of lower back pain, with a diagnosis of lumbar disc displacement without myelopathy. The past treatments included a TENS unit, medication, Thermacare heat wraps, and massage. Medications included Ambien, Lidoderm, Thermacare heat wrap, Motrin, and Norco. The injured worker reported her pain at 3/10 to 4/10 with pain medication and at 7/10 without pain medication using the VAS. The physical examination of the lumbar spine dated 08/22/2014, revealed an antalgic gait. Lumbar extension was measured to be 15 degrees. Lumbar flexion was 80 degrees. Left lateral bending was 15 degrees, and right lateral bending was measured at 20 degrees. Sensation was decreased in the dermatomes of the left L4, left L5, and left S1. Straight leg raise was negative. Spasm and guarding were noted to the lumbar spine. Motor strength was 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, and ankle inversion with extensor hallucis longus. The treatment plan included Lidoderm patch, Norco, and 6 additional visits for a massage therapist. The Request for Authorization dated 09/23/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Mg, Quantity: 90, Refills: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325 Mg, Quantity: 90, Refills: 1 is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing pain management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The injured worker has been receiving massage therapy; the clinical notes were not evident of the efficacy from the treatments. The documentation indicated that the injured worker is utilizing a TENS unit and that is effective in relieving her pain. . The injured worker's injury was dated 2007, and the documentation lacked evidence of aberrant drug taking behavior assessment. The request did not indicate the frequency. As such, the request is not medically necessary.

Lidoderm 5% patch (700 mg /patch), quantity 30,Refills:3: 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): 11-113.

Decision rationale: The request for Lidoderm 5% patch (700 mg /patch), quantity 30, Refills: 3 is not medically necessary. The California MTUS Guidelines state that transdermal is largely experimental in use with few randomized trials. They are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state that Lidoderm patches are the only topical form of lidocaine approved. However, the included medical documentation did not indicate the injured worker had not responded to or was intolerant to other treatments. The guidelines do not recommend topical lidocaine in any form other than Lidoderm. The clinical notes did not indicate that the injured worker had failed trials of antidepressants or anticonvulsants. Also, the request does not indicate the frequency or site of application. As such, the request is not medically necessary.