

Case Number:	CM14-0143423		
Date Assigned:	09/10/2014	Date of Injury:	06/07/2007
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 57-year-old male who reported an injury on 06/07/2007. The mechanism of injury was reported as moving furniture. His diagnoses included degeneration of the lumbar disc and sacrococcygeal arthritis. The injured worker's past treatments included medications, physical therapy, chiropractic treatment, and cold/hot therapy. The injured worker's diagnostic exams included an MRI of the lumbar spine. The injured worker's surgical history was not clearly indicated in the clinical notes. On 07/25/2014, the injured worker complained of difficulty getting his medications on time and that his job required him to do heavy lifting and other work. A physical examination was not provided. His medications included a Lidoderm 5% patch, Norco 5/325 mg, Gabapentin 30% topical cream, and Amitriptyline 25 mg. The treatment plan consisted of the use of Lidoderm patches 1 patch every 12 hours, Norco 5/325 1mg tab 4 times a day, Gabapentin 30% cream, and 12 chiropractic treatment visits. A request was received for Norco 5/325 mg #120, Lidoderm patch 5% #30, and 12 chiropractic treatments of the lumbar spine. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120 with 3 refills: 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 request for Norco 5/325mg #120 with 3 refills is not medically necessary. The California MTUS Guidelines state that for ongoing opioid management, objective documentation of pain relief, side effects, functional improvement, and potentially aberrant drug behaviors must be evident. Also, these 4 domains must be indicated by quantitative measurable data, in order to corroborate efficacy. The clinical notes lacked evidence of functional improvement and measurable data that indicated decreased pain to warrant the continued use of Norco. The clinical notes do not report the injured worker's pain rating, pre or post medication administration. Additionally, the clinical notes failed to indicate that urine drug screens were being used to ensure that aberrant drug behaviors were not occurring. Based on a physical therapy note, the injured worker "showed improvement," but there is no quantitative data to corroborate these findings. Therefore, due to lack of quantitative documentation indicating pain relief, functional improvement, and the use of drug screens to ensure proper drug usage, the request is not supported. Therefore, the request for Norco 5/325mg #120 with 3 refills is not medically necessary.

Lidoderm 5% Patches #30 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for Lidoderm 5% Patches #30 with 3 Refills is not medically necessary. The California MTUS Guidelines state that Lidocaine is indicated for neuropathic pain and is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy or antidepressants. Topical Lidocaine, in the formulation of a dermal patch, such as Lidoderm, has been designated for orphan status for neuropathic pain. The guidelines do not recommend Lidoderm for non-neuropathic pain, as there is only 1 trial tested. The medical records provided indicate an ongoing prescription for Lidoderm patches. There is no indication of significant pain relief or objective functional improvement with the use of Lidoderm patches. There is a lack of documentation regarding the failure of first line therapy. In addition, the submitted request does not specify the frequency. Thus, the request for Lidoderm 5% Patches #30 with 3 refills is not medically necessary.

Chiropractic Therapy x12 for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Page(s): page(s) 58..

Decision rationale: The request for Chiropractic Therapy x12 for the Lumbar Spine is not medically necessary. The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual medicine is the achievement of positive, symptomatic, or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and ability to return to productive activities. Based on the clinical notes, the injured worker had complaints of low back pain, but continued to do heavy lifting at work. The clinical notes failed to indicate the objective efficacy of his prior chiropractic treatment. Although, the injured worker reported that chiropractic care was helpful, the clinical notes failed to indicate the amount of visits the injured worker has already completed. Chiropractic therapy progress should be documented by quantitative measurable functional gains and indicated on the clinical notes. The guidelines recommend a trial of 6 visits over 2 weeks with evidence of objective functional improvement for low back problems and 1-2 visits every 4-6 months for recurrences. Due to the lack of documentation indicating the previous number of chiropractic visits and the efficacy of this therapy, the request is not supported. In addition, the request does not specify the frequency or duration of treatment. Therefore, the request for Chiropractic Therapy x12 for the Lumbar Spine is not medically necessary.