

Case Number:	CM14-0166064		
Date Assigned:	10/13/2014	Date of Injury:	07/30/1997
Decision Date:	11/13/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/08/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 73 year old male with date of injury 7/30/97. The treating physician hand written report dated 9/18/14 states that the patient has mid back pain. The physical examination findings reveal that the patient is alert and pleasant, has choppy gait, and tenderness in the scar tissue present in the left thoracolumbar region. The 7/18/14 report indicates that the patient has had bilateral knee replacements. The current diagnoses are: 1. Sclerosis/myofascitis 2. Tenderness muscle and spine 3. Spinal cord injury and myelopathy. The utilization review report dated 9/26/14 denied the request for Norco, Ultram, Lidocaine and Vitamin E Oil / Hydrocortisone Lidocaine ointment based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with mid back pain of unknown intensity and duration. The current request is for Prescription of Norco 10/325 mg #120. In reviewing the 6 reports dated 2/21/14 through 9/18/14 the patient has been prescribed Norco on a continuous basis. The treating physician report dated 9/18/14 does not document the patient's pain levels or any benefit from the medications prescribed. The MTUS guidelines support Norco for the treatment of moderate to moderately severe pain. MTUS specifically outlines that it is the treating physician's responsibility to document the patient's pain and functional improvement and compare it to baseline. MTUS also requires documentation of the four A's (Analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. The treating physician has failed to provide any clinical information as to the benefits of previous Norco usage as required by MTUS which is critical to achieving authorization for future opioid prescriptions. The utilization review physician modified the request to authorize #96 for weaning purposes. Therefore, this request is not medically necessary.

(1) Prescription of Ultram 50mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Tramadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The patient presents with mid back pain of unknown intensity and duration. The current request is for prescription of Ultram (Tramadol) 50mg, #60. In reviewing the 6 reports dated 2/21/14 through 9/18/14 the patient does not appear to have received any prior prescription for Ultram. The treating physician report dated 9/18/14 states, "Trial of Tramadol 1-2 at night." The MTUS Guidelines do support Tramadol for chronic moderately severe pain. This request is for a trial of Ultram which does not appear to have been previously prescribed. MTUS has several reporting requirements that need to be documented by the treating physician for the ongoing usage of opioids and these requirements will need to be documented in future reports. Therefore, this request is medically necessary.

(1) Prescription of Lidocaine 5% patches, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch), Lidocaine Page(s): 56, 57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter under Pain (Chronic), Lidoderm (Lidocaine patch)

Decision rationale: The patient presents with mid back pain of unknown intensity and duration. The current request is for prescription of Lidocaine 5% patches (Lidoderm), #60. The treating physician's plan from the 9/18/14 report states, "Lidoderm patches." The MTUS guidelines page

57 states, "topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case the treating physician has not documented the location of trial of the Lidoderm patches and there is no documentation of neuropathic pain. Therefore, this request is not medically necessary.

(1) Prescription of Vitamin E oik, 2% Hydrocortizone, 5% Lidocaine oinment: Upheld

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

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

Decision rationale: The patient presents with mid back pain of unknown intensity and duration. The current request is for Prescription of Vitamin E Oil, 2% Hydrocortisone, 5% Lidocaine ointment. The treating physician's report dated 9/18/14 states, "Compound with vitamin E and anti-inflammatory in place of Voltaren." The MTUS guidelines for topical compounds regarding Lidocaine states, "No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-neuropathic pain: Not recommended. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain." MTUS goes on to say that, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, this request is not medically necessary.