

Case Number:	CM14-0092209		
Date Assigned:	07/25/2014	Date of Injury:	12/26/2002
Decision Date:	09/22/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/18/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53-year-old male who reported an injury on 12/26/2002, the mechanism of injury was not provided. On 08/27/2014, the injured worker presented with a 50% pain relief in low back and bilateral legs with a 20% decrease in medication due to a prior epidural steroid injection. Upon examination, there was a positive bilateral straight leg raise and decreased sensation in the L5 and S1 dermatomes. The diagnoses were lumbar radiculitis; lumbar disc bulge and status post 2 epidural steroid injections with moderate relief. A current medication list was not provided. The provider recommended Lidocaine patch, Lidocaine gel, and Norco, the provider's rationale was not provided. The Request for Authorization form for Norco was dated 08/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

Decision rationale: The request for Lidocaine 5% patch with a quantity of 90 is not medically necessary. The California MTUS state that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy including tricyclic or an SNRI antidepressant or an AED such as gabapentin or Lyrica. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Formulations that do not involve a dermal patch system are generally indicated as local anesthetic and antipyretics. There is a lack of documentation that the injured worker had a diagnosis congruent with the guideline recommendation for Lidocaine patch. Additionally, there is lack of documentation on if the injured worker had failed a trial of a first line therapy. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Lidocaine topical gel 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: The request topical gel 4 oz is not medically necessary. The California MTUS state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy of safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. There is lack of documentation of a failed trial of an antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the site that the topical gel is intended for or the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Norco 10/325 mg #90: 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): 78.

Decision rationale: The request for Norco 10/325 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status; appropriate medication use and side effects should be evident. There is lack of documentation of objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the efficacy of the prior use of the medication has not been provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

