

Case Number:	CM14-0176093		
Date Assigned:	10/29/2014	Date of Injury:	08/03/2011
Decision Date:	05/27/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Neurological Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41-year-old male had an industrial accident on 08/03/2011. Documentation does not contain details but he underwent a right L5-S1 microdiscectomy on 09/25/2011. According to the PR2 on 05/19/2014, he was complaining of right groin pain where he had had a prior inguinal hernia repair with some low back and right leg pain. Exam showed he had a normal gait, heel and toe walking, sensation, strength and deep tendon reflexes. The PR2 of 09/30/2014 related he had improved but had had some new onset right lower extremity and groin pain. The groin injection he had had on 9/11/14 had been successful. Exam showed a normal gait and strength. He was given a return to work with no restrictions. A requested authorization for referral back to surgeon to discuss recommendations, Norco 10/325, and Lidoderm patches was denied by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral back to surgeon to discuss recommendations: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hernia.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): s 1-2.

Decision rationale: Since the patient responded to the right groin block and is now able to return to work without restrictions, the return of the patient to the surgeon is not medically necessary and appropriate. The California MTUS guidelines do recommend consultation when it is medically necessary and appropriate.

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 Classifications, short acting, California Controlled substance utilization review and evaluation Page(s): s 75-80.

Decision rationale: The California MTUS Guidelines recommend that opioids should only be given when the patient has failed treatment with first-line tricyclics, SNRIs or AEDS. Documentation does not furnish evidence these were tried. The guidelines also recommend opioids only be given for short term. Documentation shows the patient has responded to treatment and the opioids could be discontinued. Continuing Norco 10/325 mg #60 is not medically necessary and appropriate.

Lidoderm patches 5%#90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 112.

Decision rationale: The California MTUS guidelines note that Lidoderm has been designated for orphan status by the FDA for neuropathic pain and is used off-label for diabetic neuropathy. Since this patient has improved and returned to work without restrictions, it is not needed. Moreover, using it over large skin areas is not advised. One study where it was used for chronic muscle pain found no superiority over the placebo. Thus the requested treatment for Lidoderm patches is not medically necessary and appropriate.