

Case Number:	CM14-0211967		
Date Assigned:	01/02/2015	Date of Injury:	09/04/2011
Decision Date:	02/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/17/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 84 year old female with an injury date of 09/04/11. Based on the utilization review denial letter, the patient complains of pain in her head, back, and neck. The 11/19/14 progress report does not provide any exam findings. The patient's diagnoses include the following: 1. Sacrococcygeal arthritis The utilization review determination being challenged is dated 12/11/14. There is one treatment report provided from 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 5/325 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 Medications for chronic pain, Criteria for Use of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient presents with pain in her head, back, and neck. The request is for Hydrocodone/Acetaminophen 5/325 MG #90. The 11/19/14 report indicates that the patient

has been taking Hydrocodone prior to this date, as the report is requesting for a refill. MTUS Guidelines pages 88 through 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or out measures that includes current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 11/19/14 report states that the patient is "still working four hours per day... [She] notes the difference in her ability to complete the workday." In this case, the physician documents that the patient is working with reduced pain due to opiate use. Although the patient is working 4 hours a day, not all 4 A's were addressed as required by MTUS guidelines. The physician fails to provide any pain scales, nor is there any discussions provided regarding adverse behavior/side effects. There are no opiate management issues discussed such as CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screens to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in MTUS guidelines for continued opiate use. The requested Hydrocodone/Acetaminophen is not medically necessary.

Lidoderm 5% #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches, Topical Analgesics Page(s): 56, 57, 111, 113.

Decision rationale: The patient presents with pain in her head, back, and neck. The request is for Lidoderm 5% #30 with 3 refills. The 11/19/14 report indicates that the patient has been using Lidoderm patch prior to this date, as the report is requesting for a refill. The MTUS Guidelines page 57 states, "topical lidocaine maybe recommended for localized peripheral pain after there has been evidence in every trial of first line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica). The MTUS page 112 also states, "lidocaine indication: Neuropathic pain, is recommended for localized peripheral pain." When reading the 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." The ODG further requires documentation of the area for treatment, trial of a short term use with outcome, documenting pain and function. The physician does not indicate where these patches will be applied to or if they will be used for neuropathic pain. The physician did not provide any positive exam findings. The patient has symptoms in her head, back, and neck. Lidoderm patches are indicated for peripheral pain that is neuropathic and localized which this patient does not present with. The requested Lidoderm patch is not medically necessary.