

Case Number:	CM14-0213452		
Date Assigned:	12/30/2014	Date of Injury:	10/15/2010
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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: Preventive Medicine, Occupational Medicine

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 is a 59-year-old male with a 10/15/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 11/11/14 noted subjective complaints of a recent fall with injury to his left leg. Objective findings included tenderness over the left hamstring with ecchymosis. Diagnostic Impression: Displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome Treatment to Date: medication management, physical therapy, lumbar ESIA UR decision dated 11/19/14 modified the request for Etodolac 300 mg #360, certifying #120. There is no evidence that the prescribing physician is monitoring for toxicity. One month supply and one refill are allowed for the provider to formulate a treatment plan consistent with guidelines. It also denied Lidoderm 5% (700mg/patch) #360. The location for use of the Lidoderm patches and the presence of neuropathic pain in the area of placement is not indicated. It also modified Norco 10/325 mg #180 with 1 refill. There is no documentation that the claimant requires or is using 6 tabs per day. To allow opportunity for MD to address this, #150 is approved with future use not supported absent adequate documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 300mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Decision rationale: CA MTUS states that NSAIDs are "effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems." Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, given a 2010 original date of injury, it is unclear how long the patient has been taking Etodolac. Guidelines do not recommend the chronic use of NSAIDs, especially in the absence of clear documentation of continued objective functional benefit derived from its use. Therefore, the request for Etodolac 300 mg #360 is not medically necessary.

Lidoderm Patch 5% (700mg) #360: Upheld

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

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

Decision rationale: CA MTUS states that 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)." ODG states that Lidoderm is "not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points." However, in the documents available for review, there is no documentation of a failure of first line treatment with an anti-depressant or anti-epileptic. Additionally, the intended location of application for the patches is not documented. Therefore, the request for Lidoderm 5% (700 mg/patch) #360 is not medically necessary.

Norco 10/325mg #180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2010 date of injury, the duration of opiate use to date is not clear. In addition, there is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg #180 with 1 refill is not medically necessary.