

Case Number:	CM14-0218992		
Date Assigned:	01/09/2015	Date of Injury:	02/14/2011
Decision Date:	03/09/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/31/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 58 year old female, who sustained an industrial injury on February 14, 2011. She has reported neck pain and was diagnosed with musculoligamentous sprain/strain cervical spine. The diagnoses have included musculoligamentous sprain/strain cervical spine, HNP C4-5 with myeloradiculopathy status post ACDF on March 21, 2013 and Lumbar strain, instability. Treatment to date has included urine toxicology testing, physical therapy, Magnetic resonance imaging (MRI) of the cervical spine on September 25, 2012 revealing large central, disc herniation at C4-5 compressing the spinal cord, X-ray cervical spine on January 3, 2013, May 23, 2013, August 1, 2013 and October 10, 2013, oral and topical medications. Currently, the IW complains of pain remains severe and not tolerable. She has difficulty sleeping due to pain, she continues to have numbness and tingling in her right lower extremity. The injured worker states the pain medication take her pain from a 9/10 to 7/10. On December 16, 2014 Utilization Review non-certified a Norco 10/325mg quantity ninety one by mouth every four to six hours as needed with no refills, and Lidoderm five percent patch quantity thirty apply twelve hours on twelve hours off with one refill, noting the ACOEM Guidelines was cited. On December 9, 2014, the injured worker submitted an application for IMR for review of Celebrex 200mg quantity thirty one cap daily with one refill, Norco 10/325mg quantity ninety one by mouth every four to six hours as needed with no refills, and Lidoderm five percent patch quantity thirty apply twelve hours on twelve hours off with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78.

Decision rationale: Norco 10/325 #90 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Norco 10/325#90 is not medically necessary.

Lidoderm 5% patch #30 with 1 refill: 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 (lidocaine patch) Page(s): 56.

Decision rationale: Lidoderm Patch 5% patch with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines The guidelines state 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. The documentation does not indicate functional improvement on prior Lidoderm. For these reasons, the request for Lidoderm Patch 5% is not medically necessary