

Case Number:	CM15-0106990		
Date Assigned:	06/11/2015	Date of Injury:	05/21/1996
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/03/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 5/21/96. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy and post lumbar laminectomy syndrome. Treatment to date has included lumbar fusion, epidural steroid injection, oral medications including Norco, Dilaudid, Cialis, Lyrica and topical Lidoderm patches, physical therapy and home exercise program. Currently, the injured worker complains of constant low back pain. It is noted he benefitted from the epidural steroid injection, but remains markedly symptomatic. His work status is disabled. Physical exam noted a cane for ambulation, absent reflexes in ankles and positive straight leg raise on left with pain radiating to the S1 dermatome. A request for authorization was submitted for Norco 10/325mg #180, Dilaudid 4mg #60, Ambien 10mg # 30, Lidoderm 5% patches #90 and Lyrica #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 180: 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): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with Dilaudid . There was no indication of weaning, Tylenol, or Tricyclic failure. Pain scores were not consistently noted. Continued Norco use is not medically necessary.

Lidoderm 5% patch Qty 90 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant's use of oral opioids was not reduced due to Lidoderm use. The request for continued and long-term use of Lidoderm patches with 5 refills as above is not medically necessary.