

Case Number:	CM15-0013091		
Date Assigned:	01/30/2015	Date of Injury:	11/21/1997
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/22/2015

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: Texas, Ohio, 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:

The injured worker is a 54 year old male, who sustained an industrial injury on 11/21/97. He has reported low back pain. The diagnoses have included chronic low back pain, status bilateral laminectomy, microdiscectomy and facetectomy at L5-S1 with posterior interbody fusion at L5-S1, failed back surgery syndrome and depression and anxiety due to his injuries. Treatment to date has included spinal surgery, oral medications and topical medications. Currently, the injured worker complains of low back pain and bilateral leg pain and not being provided with his medications. The progress report dated 12/7/14 revealed limited range of motion of lumbar spine with paralumbar and bilateral sacroiliac trochanteric tenderness on palpation. On 1/7/15 Utilization Review non-certified and modified Lidoderm patches #90 with 3 refills modified to # 90 with no refills, noting the provider is seeing the injured worker monthly, no refills are required; Norco 5/325mg # 150, noting long term use of Norco without improvement in pain or function and Atarax 25mg #120 with 3 refills modified to #120, noting the provider is following up with the injured worker monthly, thus additional refills are not necessary. The MTUS, ACOEM Guidelines, was cited. On 1/22/15, the injured worker submitted an application for IMR for review of Lidoderm patches #90 with 3 refills modified to # 90 with no refills, Norco 5/325mg # 150 and Atarax 25mg #120 with 3 refills modified to #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches, ninety count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112 of 127.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain and/or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the attending provider did not clearly establish the presence of antidepressant adjuvant medication failure and/or antidepressant adjuvant medication failure prior to introduction, selection, and/or ongoing usage of Lidoderm patches at issue. Therefore, the request was not medically necessary.

Norco 5/325 mg, 150 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80 of 127.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, it was acknowledged on several occasions, referenced above. The applicant continued to receive both Workers Compensation indemnity benefits and disability insurance benefits, the treating provider acknowledged. By the applicant's own self-report on a questionnaire of October 30, 2014, the applicant's pain scores were scored at 9/10. The applicant suggested that his ability to function was likewise significantly compromised, although it is acknowledged that these issues in part, are a function of the applicant's mental health constraints as opposed to his chronic pain constraints alone. Nevertheless, the attending provider failed to outline any material or meaningful improvements in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Atarax 25mg, 120 count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Atarax may be appropriate for brief periods, in cases of overwhelming symptoms, here, however, the 120-capsule, three-refill supply of Atarax at issue implies chronic, long-term, and scheduled usage which is, however, incompatible with the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.