

Case Number:	CM15-0019023		
Date Assigned:	02/06/2015	Date of Injury:	04/15/1997
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/02/2015

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: New Jersey, New York
 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 51 year old male, who sustained an industrial injury on April 15, 1997. He has reported pain in the left knee and spine. The diagnoses have included multiple traumas and status post multiple spine surgeries, degenerative joint disease. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions, conservative therapies, pain medications, lifestyle modifications and work restrictions. Currently, the IW complains of chronic spine and left knee pain. The injured worker reported an industrial injury in 1997, resulting in chronic back and left knee pain. He was treated conservatively however required multiple spinal surgeries. Unfortunately the pain was persistent. It was note he was treated with trigger point injections in 2012. Per follow up appointment, the pain was not responding to walking exercises or Celebrex. It was noted the injections improved the pain however medications were still needed for breakthrough pain. He was noted to be able to manage the knee pain with medications and injections. On January 14, 2015, Utilization Review non-certified a request for Lidoderm 5% #60 with 4 refills and Norco 5/325 #60, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 21, 2015, the injured worker submitted an application for IMR for review of requested Lidoderm 5% #60 with 4 refills and Norco 5/325 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There was no objective documentation of improvement in functional capacity. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.

Lidoderm 5% #60, 4 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, topical analgesics Page(s): 56-57, 111-112.

Decision rationale: The request is not medically necessary. According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. However, the patient does even not have documented neuropathic exam findings or diagnosis. Therefore, the request is considered not medically necessary.