

Case Number:	CM15-0115124		
Date Assigned:	07/22/2015	Date of Injury:	10/06/2012
Decision Date:	08/25/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/15/2015

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, Illinois

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 55 year old man sustained an industrial injury on 10/6/2012. The mechanism of injury is not detailed. Diagnoses include lumbalgia/lumbar intervertebral disc disease, spinal stenosis of the lumbar region, lumbosacral or thoracic neuritis, and lumbar facet arthropathy. Treatment has included oral and topical medications, home exercise program, and TENS unit therapy. Physician notes dated 5/4/2015 show complaints of chronic low back pain. Recommendations include LidoPro patch, Norco, Gabapentin, surgical intervention, continue home exercise program, TENS therapy, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Norco 10/325mg #60: 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): 78-88.

Decision rationale: The injured worker sustained a work related injury on 10/6/2012. The medical records provided indicate the diagnosis of lumbalgia/lumbar intervertebral disc disease, spinal stenosis of the lumbar region, lumbosacral or thoracic neuritis, and lumbar facet arthropathy. Treatment has included oral and topical medications, home exercise program, and TENS unit therapy. The medical records provided for review do not indicate a medical necessity for (1) Prescription of Norco 10/325mg #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. When used for longer than 6 months, the MTUS recommends comparing pain and functional improvement level in numerical scale with the level at baseline. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; to discontinue opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been on opioid treatment since 2012, on Norco at least since 06/2014, but with no evidence of overall improvement; the injured worker is not properly monitored for pain control, adverse effects, aberrant behavior or activities of daily living. Therefore, the request is not medically necessary.

(1) Prescription of Lidopro patch #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 10/6/2012. The medical records provided indicate the diagnosis of lumbalgia/lumbar intervertebral disc disease, spinal stenosis of the lumbar region, lumbosacral or thoracic neuritis, and lumbar facet arthropathy. Treatment has included oral and topical medications, home exercise program, and TENS unit therapy. The medical records provided for review do not indicate a medical necessity for (1) Prescription of Lidopro patch #15. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Lidopro patch contains Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. The MTUS does not recommend the use of menthol; neither does it recommend the use of Lidocaine in any other formulation other than as Lidoderm patch. Therefore, the request is not medically necessary.

TENS patches 4 pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116-118.

Decision rationale: The injured worker sustained a work related injury on 10/6/2012. The medical records provided indicate the diagnosis of lumbalgia/lumbar intervertebral disc disease, spinal stenosis of the lumbar region, lumbosacral or thoracic neuritis, and lumbar facet arthropathy. Treatment has included oral and topical medications, home exercise program, and TENS unit therapy. The medical records provided for review do not indicate a medical necessity for TENS patches 4 pairs. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration after three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. The medical records indicate the injured worker has been using this machine at least since 10.2014, but there is no evidence the injured worker is deriving any benefit from it, despite documentation of pain improvement. There is no documentation of how the machine was used, neither is there a documentation the specific benefit derived from the machine. The records do not indicate the injured workers use of medication has decreased following the use of the machine. Therefore the request is not medically necessary.