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| Case Number: | CM15-0118437 | | |
| Date Assigned: | 07/02/2015 | Date of Injury: | 02/05/1990 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 05/22/2015 |
| Priority: | Standard | Application Received: | 06/18/2015 |

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: California

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

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 55 year old male who sustained an industrial injury on 2/5/90. Diagnoses are myalgia and myositis unspecified, neuralgia neuritis and radiculitis unspecified, pain in limb, pain in joint involving lower leg, lumbago, and other symptoms referable to back. In a progress report dated 5/7/15, a treating physician notes complaints are of pain in the right shoulder, right elbow, right forearm, right wrist, right hand, neck, entire back, both hips, both thighs, both knees, both ankles, both feet and toes. Pain is described as throbbing, shooting, piercing, pulsing, sharp, aching, hot, numbing, itching, dull, stinging, unbearable, stabbing and is rated as 6/10. He is waking up during the night. He has weight gain and loss of appetite. Pain is more aggravated with prolonged sitting, standing, walking, twisting, and cold weather. Pain is reduced by resting, activity modification, heat, cold, physical therapy, acupuncture, use of a brace, use of an interferential unit, home exercise, use of a cervical pillow, lumbar support, medications and intravenous therapy. Current medications are Celebrex, Cyclobenzaprine HCL, Lidoderm, Neurontin, Norco, and Oxycontin. He ambulates with a cane. Regarding medications: he is taking medications according to schedule and in compliance with the agreement, is able to perform activities of daily living without distress, denies any adverse effects of the medication and admits to good pain relief from medication. The requested treatment is Lidoderm 5% #30 and Norco 10/325 mg # 150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 112.

Decision rationale: Regarding request for Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has localized peripheral neuropathic pain after failure of first-line therapy. As such, the currently requested Lidoderm is not medically necessary.

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.