

Case Number:	CM15-0118731		
Date Assigned:	06/29/2015	Date of Injury:	03/12/1998
Decision Date:	08/11/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/19/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old female, who sustained an industrial injury on 03/12/1998. She has reported injury to the low back. The diagnoses have included lumbago; degeneration of lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral radiculitis; lumbar spondylosis; and right sacroiliac joint dysfunction. Treatment to date has included medications, diagnostics, physical therapy, and home exercise program. Medications have included Norco, Lidoderm Patch, and Soma. A progress report from the treating physician, dated 05/13/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of intermittent severe pain in her back that that travels to her right lower extremity; she has been doing a lot of walking at work for parking and feels worse; and she is in need of medication refills today. Objective findings included positive Fortin's finger test over the right sacroiliac joint; positive FABER at right sacroiliac joint; and positive Gaenslen's and compression over right sacroiliac joint. The treatment plan has included the request for Lidoderm Patch 5% (700mg/patch) #60; Norco 10/325mg #120; and Soma 350mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% (700 mcg/patch) Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: MTUS recommends topical Lidoderm only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This request is not medically necessary.

Norco 10/325 mg Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Soma 350 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: MTUS does not recommend use of Carisoprodol (Soma), particularly for long-term use or in combination with hydrocodone or other opioids. This medication has abuse potential for sedative and relaxant effects; abuse has also been noted in order to augment or alter effects of other drugs. MTUS recommends other first-line medications rather than Soma for pain or muscle spasm. The records do not provide an alternate rationale to support this request. This medication is not medically necessary.