MAXIMUS Federal Services

Case Number:	CM15-0128102		
Date Assigned:	07/14/2015	Date of Injury:	08/10/2005
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/02/2015

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: 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 70 year old female, who sustained an industrial injury on 8/10/2005. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic intractable low back pain, secondary to lumbosacral degenerative disc disease, sacroiliac joint dysfunction, severe neuropathic pain, opioid dependence, status post SCS placement, and chronic pain syndrome. Treatment to date has included diagnostics, SCS placement, and medications. Currently (6/17/2015), the injured worker was seen for refill of medications. She was doing well maintaining her dose of Norco (one tablet daily). She was concerned about a recent denial of medication by insurance, which increased her anxiety. She continued to use her spinal cord stimulator (SCS) for lumbar radiculopathy and used Lidoderm patches when her SCS was off. She was functioning well, participating in Functional Restoration Program. Exam noted her as pleasant and in no acute distress. She ambulated with a straight cane and had a slightly antalgic gait. Lumbar range of motion was limited. Motor and sensory exams were intact and straight leg raising was negative. The treatment plan included continued medications. The use of Norco and Xanax at current dosing was noted since at least 7/2014. The use of Lidoderm was noted since at least 2/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. Additionally, 4 refills would not allow for follow-up to further assess efficacy. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #30 with 4 refills is determined to not be medically necessary.

Xanax 0.25mg, twice per day #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section Page(s): 24.

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, the injured worker has taken Xanax for an extended period which is not supported by the guidelines. The request for Xanax 0.25mg, twice per day #60 with 4 refills is determined to not be medically necessary.

Lidoderm patches 5%, 1-2 patches 12 on 12 off, #60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Section Page(s): 56, 57.

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidoderm patches 5%, 1-2 patches 12 on 12 off, #60 with 4 refills is determined to not be medically necessary.