

Case Number:	CM15-0073645		
Date Assigned:	04/23/2015	Date of Injury:	08/01/1997
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/17/2015

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

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 62 year old female, who sustained an industrial injury on 08/01/1997. According to a progress report dated 03/19/2015, the injured worker complained of pain over the lower thoracic and upper lumbar region. She remained symptomatic with low back pain that also affected the lower extremities. She had numbness, tingling and weakness. She also complained of right hip pain. Medications helped to keep her pain level tolerable. She noted overall improvement and improvement in pain and function. She was stable with her current medications. Treatment to date has included L4-L5 and L5-S1 fusion, lumbar epidural steroid injection, aquatic therapy and medications. Current medication regimen included Norco for moderate to severe breakthrough pain, Gabapentin for neuropathic pain and Lidocaine patches for demarcated areas of topical neuropathic pain and Ativan (nonindustrial). Medications prescribed by outside physicians included Levothyroxine, Pravastatin, Prozac and Triamterene. Medications previously tried and failed included all nonsteroidal anti-inflammatory drugs, Lunesta, Trazodone and Amitriptyline. She was not able to tolerate Gabapentin greater than 900mg a day. She currently rated her pain level 5.5 on a scale of 1-10 with the use of medications and 10 without medications. She noted a 40 percent improvement of pain and 30 percent improvement of function with current medication regimen. Diagnoses included status post L4-L5 lumbar fusion 03/12/1998, lumbar radiculopathy, right hip pain rule out internal derangement and right shoulder tendonitis rule out internal derangement. Treatment plan included Norco at a reduced dose, Gabapentin and Lidocaine 5% patches and cognitive

behavioral therapy. Currently under review is the request for Norco, Gabapentin and Lidocaine 5% patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: Per the 04/16/15 progress report by the requesting physician, the patient presents with lower and upper back pain with numbness and tingling in the lower extremities s/p lumbar fusion 03/12/98. The current request is for NORCO 10/325mg #90 Hydrocodone, an opioid. The RFA included is dated 03/26/15. The reports do not state if the patient is currently working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed this medication since before 02/13/15. The treating physician states on 04/16/15 that the patient reports up to 40% improvement in pain and function with use of this medication. Specific ADLs are mentioned regarding the patient's self care needs as well as household chores, shopping and meaningful family activities. This report states that without Norco she is less active and often confined to a bed or chair. The treater also notes the patient shows no sign of drug seeking behavior, uses the medication within prescription guidelines, has a signed pain contract and references UDSs from November 2014 and 02/13/15 that are consistent with prescribed medications. In this case, the 4As have been sufficiently documented as required by the MTUS guidelines, and the request IS medically necessary.

Gabapentin 300mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: Per the 04/16/15 progress report by the requesting physician, the patient presents with lower and upper back pain with numbness and tingling in the lower extremities s/p lumbar fusion 03/12/98. The current request is for GABAPENTIN 300 mg #90. The RFA included is dated 03/26/15. The reports do not state if the patient is currently working. MTUS

has the following regarding Gabapentin (MTUS pg. 18, 19) Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The records provided for review show the patient has been prescribed this medication since before 02/13/15. The treating physician states on 04/16/15 that the patient's pain is 10/10 without medications and 5-7/10 with the use of a regimen of Norco, Gabapentin and Lidocaine patch. In this case, Gabapentin is indicted as a first line treatment for this patient's neuropathic pain and improvement of pain and function is documented with use of the medication. The request IS medically necessary.

Lidocaine 5% patch #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches, Lidocaine Page(s): 56-57,112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter on Lidoderm.

Decision rationale: Per the 04/16/15 progress report by the requesting physician, the patient presents with lower and upper back pain with numbness and tingling in the lower extremities s/p lumbar fusion 03/12/98. The current request is for LIDOCAINE 5% PATCH #45. The RFA included is dated 03/26/15. The reports do not state if the patient is currently working. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, Pain Chapter on Lidoderm, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The requesting physician states on 04/06/15 that the Lidocaine patch is for, hypersensitivity over the L5-S1 junction of low back in addition to hypersensitivity to light touch or allodynia in the posterior calves bilaterally. This report further states the requested medication is to work adjunctively with Gabapentin, the patient's first line treatment for neuropathic pain, as the patient cannot tolerate dosages of Gabapentin higher than 900mg/day. It is noted that the patient's pain medication regimen of Norco, Gabapentin and Lidocaine patch reduces the patient's pain 40% and improves function. In this case, the MTUS guidelines recommend this medication for neuropathic pain that is both peripheral and localized. Lacking recommendation by guidelines, the request IS NOT medically necessary.