MAXIMUS Federal Services

Case Number:	CM15-0077116		
Date Assigned:	04/28/2015	Date of Injury:	10/11/2012
Decision Date:	05/26/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/22/2015

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, Florida, 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 53 year old male, who sustained an industrial injury on 10/11/2012. Diagnoses include lumbar radiculopathy, median nerve compression, ulnar neuropathy, acromioclavicular sprain and rotator cuff sprain. Treatment to date has included epidural steroid injection (1/06/2015), medications, consultations, surgical intervention (left elbow and wrist 9/25/2014), diagnostics, exercise, and use of a bone growth stimulator. Per the Primary Treating Physician's Progress Report dated 4/06/2015 the injured worker reported neck pain, low back pain, left shoulder, left wrist and left elbow pain. Pain is rated as 8-9/10 without medications and 9/0 with medications. Physical examination of the lumbar spine revealed 5-/5 bilateral lower extremity strength, secondary to pain. There was tenderness over the paraspinals, left more than right, and increased pain with flexion and extension. The plan of care included medications, exercise and injections and authorization was requested for Norco 10/325mg, Lidoderm 5% patch and a bilateral L5 transforaminal epidural steroid injection under fluoroscopic guidance and continuous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Hydrocodone/Acetaminophen, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80, and 88.

Decision rationale: This claimant was injured now three years ago. The medicines have been long term. There is still pain, with little reported improvement with the medicine. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary.

Bilateral L5 transforaminal epidural steroid injection under fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

Decision rationale: This claimant was injured now three years ago. The medicines have been long term. There is still pain, with little reported improvement with the medicine. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion is that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." This criterion has not been met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. The request appears appropriately non-certified based on the above. The request is not medically necessary.

Lidoderm 5% patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical, Lidoderm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

Decision rationale: This claimant was injured now three years ago. The medicines have been long term. There is still pain, with little reported improvement with the medicine. Lidoderm is the brand name for a lidocaine patch produced by [redacted]. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately non-certified under MTUS. The request is not medically necessary.