

Case Number:	CM15-0077609		
Date Assigned:	04/29/2015	Date of Injury:	11/10/2010
Decision Date:	05/28/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/23/2015

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, New York, 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 applicant is a represented 39-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with industrial injury of November 10, 2010. In a Utilization Review report dated April 9, 2015, the claims administrator failed to approve requests for Ultracet and Lidoderm patches. The claims administrator referenced an RFA form received on April 9, 2015 in its determination along with a progress note dated April 7, 2015. The applicant's attorney subsequently appealed. On April 7, 2015, the applicant reported ongoing complains of low back pain. Ancillary complaints of chronic pain syndrome and fibromyalgia were reported. The applicant was working full time, it was stated in one section of the note. The applicant did report prolonged or protracted sitting was sometimes problematic. Ultracet, Lidoderm patches, physical therapy, and acupuncture were sought. The attending provider suggested that the applicant continue to perform home exercise and/or daily walking. The attending provider stated that request for Ultracet represented a renewal request while the request for Lidoderm represented a first-time request. On February 18, 2015, the attending provider stated that the applicant was still working full time, despite ongoing complaints of low back pain. The applicant was asked to perform home exercises. The attending provider stated an earlier injection and medications had generated significant benefit. The applicant was using Ultracet on this date, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Yes, the request for Ultracet, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had apparently achieved and/or maintained full-time status with ongoing medication consumption, the treating provider reported on several progress notes of early 2015. The applicant was deriving appropriate analgesia from ongoing medications, it was further reported. Continue the same, on balance, was indicated. Therefore, the request was medically necessary.

Lidoderm 5% (700 mg patch) #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

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

Decision rationale: Conversely, the request for Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm patches are indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first line therapy of antidepressants and/or anticonvulsants, in this case, however, there was no evidence of antidepressant adjuvant medication and/or anticonvulsant adjuvant medication prior to the introduction and/or selection of the Lidoderm patches in question. Therefore, the request was not medically necessary.