

Case Number:	CM15-0091832		
Date Assigned:	05/18/2015	Date of Injury:	05/28/1999
Decision Date:	07/01/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/12/2015

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
 Certification(s)/Specialty: Internal 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 66 year old female, who sustained an industrial injury on 5/28/99 due to lifting. She reported low back and lower extremity pain. The injured worker was diagnosed as having low back pain, lumbar radiculitis and radiculopathy, medial epicondylitis and displacement of lumbar intervertebral disc. Treatment to date has included lumbar spine surgery, right elbow surgery, home exercise program, physical therapy, trigger point injections, transforaminal epidural steroid injections, oral medications including Norco and transdermal medications. Norco, Lidoderm patches, and Lidoderm ointment were prescribed in January 2015. Progress report from January 2015 notes prescriptions for Norco in November and December 2014. At a visit on 1/2/15, weaning of Norco with detox was discussed. On 3/3/15, the injured worker underwent evaluation for a functional restoration program with physical therapy; a physical therapy plan of care was submitted. Currently, at a visit on 4/28/15, the injured worker complains of low back pain and left lower extremity pain with numbness/tingling which have worsened since previous visit. It was noted that she had been authorized for a functional restoration program and that she would be attending this four days per week. She notes medications are controlling some, but not all of the symptoms. Physical exam showed restricted range of motion of the lumbar spine, tenderness to palpation is noted over sacroiliac (SI) joint bilaterally, with strength and sensation noted to be normal. Work status was noted as permanent and stationary since 2005 and it was noted that the injured worker is retired. The treatment plan included physical therapy, refilling Flexeril, Norco, Lidoderm film, Lidocaine topical ointment and a follow up appointment. The dose of Norco was unchanged since January

2015. On 5/12/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical rehabilitation visits x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: physical medicine treatment.

Decision rationale: Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The ODG states that patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Both the MTUS and ODG note that the maximum number of sessions for unspecified myalgia and myositis is 9-10 visits over 8 weeks, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the injured worker was evaluated in March 2015 for a functional restoration program that was to include physical therapy. A physical therapy evaluation and plan of care were submitted, with plan for therapy four days per week for 4-6 weeks. As the documentation indicates that the injured worker was approved to participate in physical therapy as part of the functional restoration program, and that she has already attended the physical therapy evaluation, the current request for physical therapy is duplicative. As such, the request for Physical rehabilitation visits x 6 is not medically necessary.

Retrospective Norco 10/325mg #120 for DOS 4/28/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic back pain. The documentation indicates that Norco has been prescribed for at least 6 months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Functional goals, opioid contract, return to work, and random drug testing were not discussed. Work status was noted as permanent and stationary/retired. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic

back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Retrospective Lidoderm film 5% #90 for DOS 4/28/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch, topical analgesics) Page(s): 57, 111-113.

Decision rationale: Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an anti-epileptic drug such as gabapentin or Lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. This injured worker was noted to have chronic low back pain. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, or that the injured worker has failed the recommended oral medications. As such, the request for Retrospective Lidoderm film 5% #90 for DOS 4/28/15 is not medically necessary.

Retrospective Lidocaine topical ointment 5% #6 for DOS 4/28/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. No other commercially approved topical formulations of

lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. There is no documentation of neuropathic pain for this injured worker. In addition, this form of topical lidocaine is not recommended by the guidelines. As such, the request for Retrospective Lidocaine topical ointment 5% #6 for DOS 4/28/15 is not medically necessary.