

Case Number:	CM15-0098317		
Date Assigned:	05/29/2015	Date of Injury:	12/04/2008
Decision Date:	07/01/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/21/2015

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 64 year old male who sustained an industrial injury on 12/04/2008. Current diagnoses include lumbar spine pain with bilateral radiculopathy and degenerative disc disease. Previous treatments included medication management, and interferential unit. Report dated 04/24/2015 noted that the injured worker presented with complaints that included malfunctioning interferential unit. Pain level was not included. Physical examination was positive for using a walker for ambulation, slow gait, lumbar spine tenderness, and positive straight leg raises bilaterally. The treatment plan included requests for Norco, Prilosec, Lidoderm patches, replacement of VQ interferential stimulator unit, and continued home care . Disputed treatments include Norco, Lidoderm patch, and VQ interferential stimulator unit replacement. Of note some of the information submitted for review was hard to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

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 is taking opioids for chronic pain without documentation of specific functional gains or significant pain relief. There is no indication of urine drug screen to test for compliance. 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 5/325mg #90 is determined to not be medically necessary.

Lidoderm patch 5% #30: Upheld

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

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 antidepressants 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. There is no indication that the injured worker has failed previously with antidepressants and anticonvulsants. The request for Lidoderm patch 5% #30 is not medically necessary.

VQ interferential stimulator unit replacement: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Section Page(s): 118-120.

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator

are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one-month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. Per available documentation, the injured worker currently uses an interferential unit daily. There is no documentation of an increase in function, return to work, or pain improvement from using the device. The request for VQ interferential stimulator unit replacement is determined to not be medically necessary.