

Case Number:	CM14-0146146		
Date Assigned:	09/12/2014	Date of Injury:	12/11/2002
Decision Date:	10/22/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California, Tennessee, and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 73 year old female injured on 12/11/02 due to a push/fall down flight of stairs resulting in pain to the back and bilateral knees. Diagnoses included thoracolumbar spine strain with myofascial pain, multilevel degenerative disc disease and osteoarthritis changes in facet joints, left knee strain. Other medical history included CBA times two, hypertension, depression, anxiety, hypercholesterolemia, gastritis, and right carotid artery surgery. Clinical note dated 08/04/14 indicated the injured worker complained of stable back and knee pain ranging between 8-10/10 managed with oral medications. Prior treatment included physical therapy and chiropractic care. The injured worker reported feeling weaker and experiencing difficulty sleeping. Physical examination revealed tenderness to palpation on bilateral lower lumbar paraspinal muscles/iliolumbar/sacroiliac regions, range of motion limited at 50% of normal, straight leg raise resulted in tightness and back pain, mild tenderness to palpation along left knee, antalgic gait, reflexes 2+ and symmetric in bilateral knees and ankles, sensation intact, and strength 4/5 throughout with pain limitation throughout. Medications included Norco, Norflex, Lidoderm patch, Sertraline, Trazadone, lorazepam, Voltaren, fenofibrate, Aggrenox, and multiple other medications to address medical conditions. Treatment plan included Norco 10/325mg one tablet every eight to twelve hours, Norflex 100mg one tablet every 12 hours, Lidoderm patch each with three refills. Initial request was non-certified on 08/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. However, the injured worker's age and length of opioid use must be considered as abrupt cessation could pose a significant risk to the overall health of the injured worker. As such, Hydrocodone/APAP 10/325mg #90 is medically necessary.

Lidocaine pad 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore Lidocaine pad 5% #30 is not medically necessary.

Orphenadrine 100mg ER #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, the injured worker's age and length of medication use must be considered as abrupt cessation could pose a significant risk to the overall health of the injured worker. As such, Orphenadrine 100mg ER #60 is medically necessary.

