

<b>Case Number:</b>	CM13-0013258		
<b>Date Assigned:</b>	09/25/2013	<b>Date of Injury:</b>	01/27/2003
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, low back pain, and hip pain associated with an industrial injury of January 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical patches; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; a wheelchair; prior cervical fusion surgery; unspecified amounts of epidural steroid injection therapy; an MRI of the lumbar spine of July 12, 2013, notable for multilevel disk bulges and protrusions with associated canal stenosis and neural foraminal narrowing, multilevel, of uncertain clinical significance; and extensive periods of time off of work. In a Utilization Review Report of July 26, 2013, the claims administrator approved a cervical pillow, denied Lidoderm patches, denied a GI consultation, denied an x-ray of the hip, denied an MRI of the lumbar spine, denied an MRI of the hip, partially certified four sessions of acupuncture, and partially certified prescriptions for senna, Nucynta, and OxyContin. The applicant's attorney subsequently appealed. An earlier note of August 21, 2013, is notable for comments that the applicant reports persistent neck pain, upper arm pain, low back pain, and headaches. The applicant is quite limited in terms of physical activity. The applicant is using a wheelchair and walker. She has low back pain, neck and jaw pain, headaches, shoulder pain, dysphagia, and weakness about the right upper extremity and right lower extremity, and depression. The applicant is apparently moving about with a wheelchair and is only able to get up and stand briefly. The applicant appears slightly depressed. Multiple medications are refilled. The applicant is described as permanently totally disabled. It is stated that the applicant has issues with persistent abdominal discomfort due to medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patch 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics pages 111-113 .

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Guidelines, topical lidocaine or Lidoderm patches are indicated in the treatment of localized peripheral pain or neuropathic pain after there has been a trial of first-line antidepressants and/or anticonvulsants. In this case, the applicant is seemingly using first-line anticonvulsants, Neurontin, effectively obviating the need for lidocaine patches. Therefore, the request for Lidocaine patch 5% is not medically necessary and appropriate.

**Senokot 1 month supply or #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://guideline.gov/content.aspx?id=15434>.

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

**Decision rationale:** As noted on page 77 of the MTUS Chronic Pain Guidelines, prophylactic treatment of constipation should be initiated in those applicants who are using opioids chronically. In this case, the applicant is in fact using opioids chronically. Continuing senna is indicated and appropriate in this context. Therefore, the request for Senokot 1 month supply or #90 is medically necessary and appropriate.