

Case Number:	CM13-0023112		
Date Assigned:	11/15/2013	Date of Injury:	06/23/2011
Decision Date:	04/17/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	09/11/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in 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 patient is a 30-year-old female who reported injury on 06/23/2011. Mechanism of injury was a motor vehicle accident. The patient's medication history included Reglan for nausea and vomiting in 01/2013 and the addition of Lidoderm patches on 05/13/2013. The documentation dated 06/20/2013 revealed the patient had low back pain radiating into the right lower extremity. It was indicated the patient was having no side effects from medications. The patient's diagnoses were noted to include low back right lower extremity pain, negative electrodiagnostic studies of the right leg and depression and anxiety due to chronic pain. The request was made for a continuance of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO REGLAN 10MG, BID, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, Anti-emetics.

Decision rationale: Official Disability Guidelines do not recommend anti-emetics for nausea and vomiting secondary to chronic opioid use. Clinical documentation submitted for review indicated the patient had been on the medication since 01/2013. There was a lack of documented efficacy of the requested medication. Given the above, the request for retro Reglan 10 mg twice a day #60 is not medically necessary.

LIDODERM PATCH 5%, #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): s 56-57. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, LIDODERM, 56 57

Decision rationale: California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Clinical documentation submitted for review indicated that the patient was concurrently taking gabapentin. There was a lack of documentation indicating the patient had a failure of the medication gabapentin. Additionally, the medication was noted to be taken since 05/2013. There was a lack of documentation indicating the objective functional benefit of the requested medication. Given the above, the request for Lidoderm patch 5% #10 is not medically necessary.