

Case Number:	CM13-0033791		
Date Assigned:	12/06/2013	Date of Injury:	08/17/2009
Decision Date:	02/10/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/10/2013

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 Anesthesiology and Pain Medicine 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 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 patient is a 49 year old female who sustained a work-related injury on 08/17/2009. Subjectively, the patient reported complaints of back pain rated 7/10. Objective findings revealed an antalgic gait, a positive straight leg raise which caused a shooting distal radiating pain, and greater pain overall on lumbar flexion than extension. The patient's diagnoses included thoracic discogenic pain, neck pain, thoracic radiculitis, shoulder pain, lumbar strain, lumbar facet syndrome, lumbosacral radiculopathy, hip capsulitis, and chronic pain. The patient's medications included Lidoderm patch 5%, trazodone 50 mg, Vicoprofen 7.5/200 mg, Skelaxin 800 mg, and flurbiprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: CA MTUS guidelines state that Lidoderm is "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), and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia". While the clinical information provided for review indicates the patient is on an antidepressant, there is lack of documentation to indicate lack of efficacy to warrant the use of the requested medication. As such, the request for Lidoderm patch 5% #30 is non-certified.

Vicoprofen 7.5/200mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Physician Desk Reference

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: CA MTUS Guidelines recommends the documentation of "4 A's" which consists of "(analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The clinical information provided lacks documentation of medication efficacy, as the patient's pain rating increased from 5/10 to a consistent rating of 7/10. Given the lack of documentation of evidence to indicate medication efficacy through the continued use of the requested medication, the request cannot be validated. As such, the request for Vicoprofen 7.5/200 mg #90 is non-certified.