

Case Number:	CM13-0036131		
Date Assigned:	12/13/2013	Date of Injury:	05/24/2005
Decision Date:	01/30/2014	UR Denial Date:	06/27/2013
Priority:	Standard	Application Received:	10/18/2013

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 Emergency 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:

Patient is a 43yo Male with date of injury date of 5/24/2005(No mechanism provided). Diagnosis of L5 vertebral fracture and is post lumbar spine fusion on 3/06. Pt has report of chronic intractable back pains and bilateral lower extremity neuropathic pains. Also has a history of high cholesterol, hypertension and acid reflux disease. Also noted report of prior head injury and electrical injury but no details available. Multiple notes from primary treating physician (PR2) and psychiatrist reviewed. Report from PR2 [REDACTED] on 5/20/13 reports patient has continues lower back pains (No objective or pain scale provided). Reports of poor sleep and no new changes. Objective findings are restricted range of motion (ROM) of lumbar spine with limited flexion and extension. Paravertebral muscle pain bilaterally and tenderness with lumbar facet loading. Straight leg raise is negative. Report on 6/3/13 is very brief and just reports continued pain and depression. Last note on 6/12/13 reports op-note for lumbar medial branch radio frequency neurotomy. Had prior attempt at 5/18/11. MRI of spine on 1/18/07 reports stable fusion. No newer MRI. X-ray of lumbar spine 4/27/09 reports post laminectomy changes but is stable. Urine toxicology reports inconsistencies with addition of Oxazepam and amphetamines on 9/10/12. Noted amphetamine and opiate positive in other labs Medication reported: Lidoderm patch, Protonix, Celebrex and Lisinopril. Review is for Lidoderm patch and Celebrex prescriptions. Utilization review on 7/10/13 recommends none certification of the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% 700mg/patch: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57, 112.

Decision rationale: The Physician Reviewer's decision rationale: As per MTUS guidelines Lidoderm is a topical lidocaine patch. Lidoderm patch is FDA approved for post-herpetic neuralgia only. Topical lidocaine is recommended for post-herpetic neuralgia only. It may be considered as a second line agent for peripheral neuropathic pain and may be considered for peripheral neuropathic pain only after a trial of 1st line agent. As per MTUS guidelines "only FDA approved products are recommended". Due to lack of documentation of trial of 1st line medications, any objective measure of improvement with trial and strong warning from FDA against off label use, Lidoderm is not recommended.

Celebrex 200mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22, 68.

Decision rationale: The Physician Reviewer's decision rationale: Celebrex is COX-2 inhibitor anti-inflammatory medication used for pain. Most of the data on its effectiveness is on osteoarthritic pain. As per MTUS, Cox-2 inhibitors may be considered for patients with risk of GI complications. As MTUS guidelines High GI risks are: Age over 65, history of GI bleeds or ulcers, use of aspirin, steroids, anticoagulants and high dose or multiple NSAIDs. There is no documentation of any of these risk factors for this patient and is therefore not recommended.