

Case Number:	CM13-0037514		
Date Assigned:	12/13/2013	Date of Injury:	12/08/2008
Decision Date:	05/22/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/30/2013

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 injured worker is a 43-year-old male who reported an injury on 12/08/2008, while attempting to move a stack of heavy boxes with a dolly. The current diagnoses include status post laminectomy and microdiscectomy on 03/04/2009, right lower extremity radiculopathy, chronic pain syndrome, neuropathic pain in the lower extremities, dyesthesia along the lumbar spine scar, liver disease secondary to medication use, gastropathy, GERD, irritable bowel syndrome, cephalgia with tension migraines, increased flareup of the lumbar spine and lumbar radiculitis, acute musculoskeletal pain and spasm, herniated nucleus pulposus at L4-5 with bilateral neural foraminal stenosis, and status post right hemilaminectomy. The injured worker was evaluated on 09/04/2013. The injured worker reported 9.5/10 constant lower back pain with radiation to bilateral lower extremities. The injured worker also reported complaints of anxiety and depression. Current medications include Percocet 10/325 mg and Lidoderm 5% patch. Physical examination on that date revealed limited lumbar range of motion, positive straight leg raising bilaterally, decreased sensation over the L4 and L5 dermatomes bilaterally. Weakness was found in the tibialis anterior and extensor hallucis longus bilaterally, and 1 to 2+ bilateral deep tendon reflexes. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

Decision rationale: Localized peripheral pain after there has been evidence of a trial of first-line therapy. As per the documentation submitted, the injured worker has utilized Lidoderm 5% patch since 07/2012. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no documentation of a failure to respond to a trial of first-line therapy as recommended by California MTUS Guidelines. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Percocet 10/325 mg since 07/2012. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. As such, the request is not medically necessary.