MAXIMUS Federal Services

Case Number:	CM13-0038147		
Date Assigned:	12/18/2013	Date of Injury:	03/04/2011
Decision Date:	04/24/2014	UR Denial Date:	09/14/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 68 year old female who had a work injury on March 4 , 2011. She has chronic knee and low back pain, hip and sacroiliac pain. Her diagnoses include bilateral L5-S1 radiculopathy, right knee arthroscopy, partial meniscectomy, medial femoral chrondroplasty and patelloplasty on 1/7/13. Treatment has included epidural Final Determination Letter for [redacted] 3 lumbar injections, sacroiliac joint injections, knee injection, medication management. There is a request for 60 Lidoderm 5% Patch (700mg/patch) and also for Colace 100mg #60. There is an 11/6/13 PR-2 office visit which states that the patient is complaining of low back and left leg pain and restless sleep. Her medications include: Colace, Lidoderm Patch, Cymbalta, Gabapentin, Clonidine; Trazadone, Aspirin, Simvastatin, Famotidine. On physical exam the patient has a right sided push off antalgic awkward gait and is ambulating without a cane. She has decreased lumbar range of motion. There is paravertebral tendernes, tight muscle band and trigger points on both sides and directly over the sacroiliac joint Gaenslen's test is positive. There is positive facet loading on both sides. Internal rotation of the femur caused deep buttock pain. Straight leg raise was negative. Faber test is positive. There is tenderness worse on the left sacroiliac hip. There is Â¼ bilateral ankle and knee jerks. There is tenderness over the SI joint,trochanter. Positive left Gaenslen test. There is a positive left Fabere test. There are 3 healed right knee incisions. There is tenderness over the medial joint line and decreased right knee range of motion in flexion and pain with range of motion. The right extensor hallicus longus is 5-/5 in strength. The right ankle dorsiflexors are 5-/5 and right plantar flexors are 4/5. The knee extensors are 5/5 bilaterally, knee flexors 5-/5 on right and 5/5 on left. Hip flexor is 5/5 bilaterally, hip extensors 5/5 bilaterally. The sensory exam reveals light touch is decreased over the lateral foot, medial foot, and plantar surface of the foot on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 LIDODERM 5% PATCH % (700MG/PATCH): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LidodermÂ® (lidocaine) Patch Page(s): 56-57.

Decision rationale: Lidoderm 5% Patch 60 (700mg/patch) is not medically necessary according to the MTUS guidelines. The guidelines indicate that lidocaine is not first line treatment. Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The guidelines indicate that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is documentation that the employee is on Gabapentin which is an AED. There is no objective evidence of functional improvement on Lidoderm patch. The employee does not have documented post herpetic neuralgia. The request for Lidoderm 5% Patch 60 (700mg/patch) is not medically necessary.

60 COLACE 100 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Initiating Therapy Page(s): 77.

Decision rationale: Sixty (60) Colace 100 mg is not medically necessary according to the MTUS guidelines. According to the MTUS guidelines, in regard to initiating opiates, prophylactic treatment of constipation should be initiated. The documentation submitted indicates that recommendations were made on prior utilization review to discontinue the employee's opiate medications. Therefore the request for 60 Colace 100 mg is not medically necessary.