

Case Number:	CM13-0050390		
Date Assigned:	12/27/2013	Date of Injury:	07/17/1989
Decision Date:	03/07/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/13/2013

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 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 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 71 year old male who reported a work-related injury on 07/17/1989, specific mechanism of injury not stated. The patient presented for treatment of the following diagnose: lumbar spinal stenosis at L4-5 and lateral recess stenosis at L5-S1 with lumbar radiculopathy. The clinical note dated 09/11/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that upon physical exam of the patient, there was slight tenderness to the lower lumbar paravertebral musculature; forward flexion of the lumbar spine was 60 degrees with extension of 10 degrees and bilateral lateral bending of 30 degrees. The provider documented a refill of the patient's medications for Lyrica 75 mg 1 by mouth twice a day, AcipHex 20 mg 1 by mouth twice a day and Dendracin lotion 120 mL as well as Lidoderm patches every 12 hours for acute exacerbations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The clinical notes failed to document evidence to support the current requested medication as part of the patient's medication regimen. The clinical notes do not document that the patient presented with any gastrointestinal complaints as recommended per the California MTUS Guidelines for the utilization of proton pump inhibitors. There was no documentation of the patient reporting his efficacy of treatment with utilization of this medication for any gastrointestinal complaints; therefore, the request for AcipHex 20 mg #60 is not medically necessary or appropriate.

Dendracin lotion 120 ml #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The current request is not supported. The California MTUS indicated that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The clinical notes failed to evidence the duration of the patient's use of this analgesic or efficacy of treatment. Capsaicin is recommended as an option for patients who have not responded to or who are intolerant to other treatments. The California MTUS additionally indicates that there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip or shoulder. Given all of the above, the request for Dendracin lotion 120 mL #1 is not medically necessary, nor appropriate.

Lidoderm patches #30: Upheld

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

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

Decision rationale: The current request is not supported. The California MTUS indicates that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first-line therapy of tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica. The clinical notes failed to evidence the documentation of the patient's reports of efficacy with this current medication regimen. The clinical notes did not indicate that the patient had failed with the utilization of Lyrica as part of the patient's medication regimen or the patient's reports of efficacy as noted by a decrease in the rate of pain on the VAS and an increase in objective functionality as a result of utilizing Lidoderm patches. Given all of the above, the request for Lidoderm patches #30 is not medically necessary, nor appropriate.