

Case Number:	CM13-0052449		
Date Assigned:	12/27/2013	Date of Injury:	05/28/2009
Decision Date:	03/20/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/24/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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:

The patient is a 56-year-old male who reported an injury on May 28, 2009. The mechanism of injury was noted to be that the patient was working on a truck in a truck repair shop when the air pressure gun slipped and the patient lost his balance. The patient fell onto his left side. The patient's medications included Butrans, tramadol, and cyclobenzaprine. The patient's diagnoses include lumbar radiculopathy left lower extremity, L5-S1 disc herniation, anxiety, depression, and weakness of the left lower extremity. The treatment plan included hydrocortisone twice a day to the skin before applying Butrans as the patient developed a rash with Butrans, and a trial of Lidoderm patch. The patient indicated that he was 0% improved with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines indicate that topical Lidoderm can be recommended for peripheral pain after there has been evidence of a trial of a first line therapy

including an anti-epileptic drug (AED). The clinical documentation submitted for review indicated this request was concurrently being reviewed with Lyrica. There was a lack of documentation of failure of Lyrica. Additionally, the request as submitted failed to indicate the quantity of Lidoderm patches being requested. Given the above, the request for Lidoderm 5% is not medically necessary.

Tramadol Hydrochloride 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and ongoing management. Page(s): 60,78.

Decision rationale: The California MTUS Guidelines indicate opioids are appropriate treatment for chronic pain. There should be documentation of objective functional improvement, an objective decrease in the visual analogue scale (VAS) score, adverse side effects, and documentation of monitoring for aberrant drug behavior. The clinical documentation submitted for review indicated the patient had 0% change in his pain level. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Tramadol Hydrochloride 50mg is not medically necessary.

Cyclobenzaprine 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants for a short term as a second line treatment for an acute exacerbation of chronic low back pain and for no more than 2 to 3 weeks. The clinical documentation submitted for review failed to indicate the patient had muscle spasms to support ongoing usage. Additionally, there was a lack of documentation indicating objective functional benefit that was received from the medication. The request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for Cyclobenzaprine 10mg is not medically necessary.

Butrans 5mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: The California MTUS Guidelines recommend buprenorphine as an option for chronic pain. The clinical documentation submitted for review failed to provide objective functional benefit with the medication. Additionally, as Butrans is an opiate, there should be documentation of objective functional improvement, an objective decrease in the VAS score, adverse side effects and documentation of ongoing monitoring for aberrant drug behavior. The clinical documentation submitted for review failed to provide the above. Additionally, as the request was submitted for Butrans 5mcg per hour and 10mcg per hour, there was a lack of clarification indicating whether the request was for 5mcg or 10mcg as the patient was alternating them per documentation. There was a lack of documentation indicating the quantity of medication being requested. Given the above, the request for Butrans 5 mcg/hr and 10 mcg/hr is not medically necessary.

Lyrica 75mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend anti-epileptic drugs for neuropathic pain. There was a lack of documentation that the patient had neuropathic pain. Additionally, the request as submitted failed to indicate a quantity of Lyrica and the functional benefit received. Given the above, the request for Lyrica 75mg is not medically necessary.

Hydrocortisone 1%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, hydrocortisone

Decision rationale: According to drugs.com, hydrocortisone 1% is a steroid medication that reduces inflammation in the body. The clinical documentation submitted for review indicated the physician wanted the patient to put the medication on the skin before applying Butrans because the patient complained of rash and itching at the site of the Butrans patch. The request as submitted failed to indicate a quantity. Given the above, the request for Hydrocortisone 1% it not medically necessary.