MAXIMUS Federal Services

Case Number:	CM13-0056117		
Date Assigned:	12/30/2013	Date of Injury:	10/08/2012
Decision Date:	05/28/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine & Rehabilitation 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 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 patient has submitted a claim for right lower leg crush injury associated with an industrial injury on October 8, 2012. Treatment to date has included oral and topical analgesics, TENS, acupuncture and physical therapy. Medical records from 2013 were reviewed and showed right lower leg neuropathic pain exacerbated by activities. Physical examination showed tenderness over the right distal anterior and posterior tibia with right posterior calf atrophy and limitation of motion. There were no motor or sensory deficits noted. A progress report in November 18, 2013 appealed to the denial of the Lidoderm patch because it provided 40% pain relief allowing the patient to stand for 5 hours each day at work; Gralise 600mg #90 provided 70% pain relief without adverse effects than generic gabapentin allowing the patient to perform ADLs such as self-care, dressing and going to more pain relief; and Ibuprofen 600mg #90 provided 30% pain relief, improved ADLs and allowed the patient to avoid opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH #30 WITH THREE (3) REFILLS: 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: As stated in the CA MTUS Chronic Pain Medical Treatment guidelines, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. In this case, the patient has been on this medication since at least July 2013 for neuropathic pain. However, there is no documentation that this patient failed therapy with tricyclic antidepressants, which is a first-line therapy. Therefore, the request for Lidoderm 5% patch #30 with 3 refills was not medically necessary.

IBUPROFEN 600 MG #90 WITH FOUR (4) REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In this case, the patient has been taking ibuprofen since July 2013 which provided 30% pain relief, improved ADLs and allowed the patient to avoid opioids. However, it is not clear based on the records submitted whether this was intended for short-term use only. Prolonged use is not recommended. Therefore, the request for ibuprofen 600mg #90 4 refills is not medically necessary.

GRALISE 600 MG #90 WITH FOUR (4) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilespy Drug Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 18.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, the patient has been complaining of chronic right lower extremity pain associated with numbness and tingling sensation. She has been prescribed with gabapentin since July 2013 and has provided 70% relief of the lower extremity neuropathic pain without sedative effects of the generic gabapentin, allowing her to perform ADLs such as self-care, dressing and going to work. Therefore, the request for Gralise 600mg #90 with four (4) refills is medically necessary.