

Case Number:	CM13-0056638		
Date Assigned:	12/30/2013	Date of Injury:	06/13/2007
Decision Date:	03/31/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54 year old male who reported injury on 06/13/2007. The mechanism of injury was noted to be the patient was getting an empty pallet when the driver of the forklift did not see him and backed into the cab of the patient's forklift which was parked. The cab of the forklift struck the patient in the lumbar spine. The patient's diagnoses were noted to include degenerative disc disease, herniated nucleus pulposus, lumbar radiculopathy, and lumbar stenosis. The patient complained of pain an 8/10 on a scale of 1 to 10. The pain was constant and chronic radiating to his left leg, with associated numbness, stabbing, aching, and sharp sensations. The patient was treated with physical therapy and epidural steroid injections. The patient's medications were etodolac 300 mg, omeprazole 20 mg, hydrocodone/APAP 10/325, oxybutynin 10 mg, cetirizine 10 mg, vitamine B-1 100 mg, spironolactone 50 mg, pantoprazole sodium DR 40 mg, baclofen 10 mg, vitamin D3 2000 mg, and vitamin B-12 1000 mg. The request was made for an initial laboratory study and POC, medications including naproxen 550 mg orally twice a day #60 with 2 refills, tramadol 50 mg orally twice a day #60 with 2 refills, and Lidoderm patches 5% #30 to apply 1 patch per area per day to the affected area with 2 refills, a followup visit in 3 months, and x-rays of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Lidoderm Patch 5%, #30 with 2 refills: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend Lidoderm patches for localized peripheral pain after there has been evidence of a trial of first line therapy. There was a lack of documentation indicating the patient had trial and failure of first line therapy. Additionally, there was a lack of documentation indicating the patient had a necessity for 2 refills of the medication without re-evaluation. Given the above, the request for 1 prescription of Lidoderm patch 5%, #30 with 2 refills is not medically necessary.

1 Prescription of Tramadol 50mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: California MTUS Guidelines recommend opioids for chronic pain. The clinical documentation submitted for review indicated the patient had chronic pain. However, there was a lack of documentation indicating a necessity of 2 refills without re-evaluation. Given the above, the request for 1 prescription of tramadol 50 mg #60 with 2 refills is not medically necessary.

1 Initial Laboratory Study: 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 NSAIDS Page(s): 70.

Decision rationale: California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The clinical documentation submitted for review failed to clarify the request for a laboratory study. Given the above and the lack of documentation, the request for 1 initial laboratory study is not medically necessary.