

Case Number:	CM13-0072428		
Date Assigned:	05/23/2014	Date of Injury:	03/24/2003
Decision Date:	07/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

This is a 57-year-old female with a 3/24/03 date of injury. 12/5/13 progress report describes that the back pain has gotten worse with cold weather. The patient is following diet and exercise that has slightly been helpful. The patient has used samples of Lidoderm patch on the low back that has improved comfort and mobility. Physical exam states tenderness of the left lower lumbar muscles, 3/5 left dorsiflexion. The recommendations included home exercises, medications including naproxen and Lidoderm. 9/27/13 progress report (rheumatology consultation) states left hip osteoarthritis and a question as to whether she also has fibromyalgia. Left hip x-rays show moderately advanced degenerative disease of the left hip. She did not have fibromyalgia tender points on examination. 8/28/13 progress report describes the need for a hip replacement. Lumbar spine tenderness and left foot dorsiflexion 3/5. Requested treatments included osteopathic manipulation, tramadol, Vicodin. The treating provider has requested Naproxen 500mg # 30, and Lidoderm 5% patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 TABLETS OF NAPROXEN 500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The prior adverse determination was reviewed stating that anti-inflammatories are not supported for chronic musculoskeletal pain or low back pain over standard over-the-counter medications such as Tylenol. Review of the MTUS chronic pain medical treatment guidelines state that Non-Steroid Anti-Inflammatory Drugs (NSAIDs) are recommended at the lowest dose for the shortest. In patients with moderate-severe pain. Acetaminophen may be considered for initial therapy. In the context of this request, no additional medical records have been provided. The patient has a 2003 date of injury and there is concern over long-term use of naproxen. ODG states that there is no evidence of long-term effectiveness for pain and function. There is conflicting evidence that Non-Steroid Anti-Inflammatory Drugs (NSAIDs) are more effective than acetaminophen for low back pain. While Non-Steroid Anti-Inflammatory Drugs (NSAIDs) may be useful to treat breakthrough pain, there is also gastrointestinal, renal, and cardiovascular risk with long-term treatment. The medical necessity for the requested item has not been established. The request of 30 tablets of Naproxen 500mg is not medically necessary.

30 PATCHES OF LIDODERM 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lidoderm Patches.

Decision rationale: The prior adverse determination was reviewed describing the lack of attempts at first-line treatment. The MTUS chronic pain medical treatment guidelines support Lidoderm for a localized peripheral neuropathic pain syndrome after there has been evidence of trials and failure of first-line therapy including antidepressants, tricyclics, or gabapentin/Lyrica. In the context of this request, review of the records do not indicate that the patient has been on any neuropathic agents. The clinical documentation does not describe a localized cutaneous neuropathic pain syndrome. The medical necessity for the requested item has not been established. The request of 30 patches of Lidoderm 5% is not medically necessary.