MAXIMUS Federal Services

Case Number:	CM14-0001763		
Date Assigned:	01/22/2014	Date of Injury:	08/24/2006
Decision Date:	06/06/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/06/2014

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:

The injured worker is a 61-year-old with date of injury August 24, 2006 with related back pain. According to the July 17, 2013 progress report, she reported radicular symptoms on the lower left extremity. Physical exam findings included tenderness in the lumbar paraspinal muscles with no guarding, no spasms, negative SLR (straight leg raise), negative Fabere. MRI of the lumbar spine dated October 8, 2013 revealed a very small disc protrusion and high signal at the posterior margin of the disk at L5-S1, which may be consistent with a mild tear of the annulus as described. The documentation does not state if physical therapy was utilized. She has been treated with medication management including Vicodin ES and flexeril. The date of UR decision was December 2, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN ES 7.5/325MG #60, WITH ONE (1) REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely to improve? (c) Is there likelihood of abuse or an adverse outcome?" The latest available progress report dated November 20, 2013 states "As far as her neck and back, symptoms are stable." Review of the documentation reveals that there are reasonable alternatives to opiate treatment which have not been tried yet. The request for Vicodin es 7.5/325mg, sixty count with one refill, is not medically necessary or appropriate.

LIDODERM 5% PATCHES #30, WITH ONE (1) REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] anti-depressants or an AED [anti-epileptic drug] such as Gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (LidodermÂ®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request for Lidoderm 5% patches, sixty count with one refill, is not medically necessary or appropriate.

IBUPROFEN 800MG #60, WITH ONE (1) REFILL: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines with regard to NSAIDs, "Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen." The documentation submitted for review does not indicate that the injured worker has yet been treated with acetaminophen. The request for ibuprofen 800mg, sixty count with one refill, is not medically necessary or appropriate.