

Case Number:	CM14-0002008		
Date Assigned:	01/24/2014	Date of Injury:	05/29/2005
Decision Date:	06/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 65-year-old male who reported an injury on 05/29/2005. The mechanism of injury was not provided. The injured worker's medication history included Celebrex as of 01/2013 and Lidoderm as of 05/2013. The documentation of 12/23/2013 revealed the injured worker was utilizing Lidoderm patches 2 per day for persistent severe neuropathic pain which allowed to decrease oral medications, eliminated swallowing problems with taking pills and improved function without systemic side effects. Additionally, it was indicated the injured worker was taking Celebrex 200 mg daily which allowed him to perform activities of daily living, spend time with the family without drowsiness and GI side effects and reduced pain and discomfort at the low back, knees and neck. The diagnoses included moderate/severe central canal stenosis at C5-6 and C6-7 improved after an epidural steroid injection and decompression at C5-6 and C6-7. The treatment plan included Cymbalta 60 mg #30, three refills for chronic arthritic pain, neuropathic pain and depression related to chronic pain, Lidoderm 5%, 2 patches per day, #60, three refills as well as Celebrex 200 mg daily as needed for pain, #30, three refills. The treatment plan additionally included a hand surgery evaluation for bilateral carpal tunnel release and cubital tunnel release surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5%, #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), ,

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

Decision rationale: The California MTUS Guidelines recommend Lidoderm for localized peripheral pain after there has been evidence of a trial of first line therapy. This is not a first line treatment and is only FDA approved for post herpetic neuralgia. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 05/2013. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request, as submitted, failed to indicate the frequency for the requested medication. The clinical documentation failed to indicate a necessity for 3 refills without re-evaluation. Given the above, the request for Lidoderm 5%, #60 with 3 refills is not medically necessary.

CELEBREX 200 MG, #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), ,

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

Decision rationale: The California MTUS Guidelines recommend Lidoderm for localized peripheral pain after there has been evidence of a trial of first line therapy. This is not a first line treatment and is only FDA approved for post herpetic neuralgia. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 05/2013. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request, as submitted, failed to indicate the frequency for the requested medication. The clinical documentation failed to indicate a necessity for 3 refills without re-evaluation. Given the above, the request for Lidoderm 5%, #60 with 3 refills is not medically necessary.