

Case Number:	CM14-0002684		
Date Assigned:	02/05/2014	Date of Injury:	09/25/2012
Decision Date:	06/16/2014	UR Denial Date:	12/17/2013
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 Anesthesiology, 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 33 year old female who sustained an injury on 09/25/12 after a fall. Susequently, the injured worker complained of low back pain radiating through the left lower extremity. Symptoms had been managed with Gralise and Tramadol. Multiple epidural steroid injections were performed to date with limited response. The injured was also provided Percocet for pain control. The record indicates facet joint blocks in 06/13. Repeat facet blocks at L4-5 and L5-S1 were performed in 07/13. The clinical record on 08/05/13 noted continuing complaints of primarily low back pain with some pain radiating to the lower extremities. The patient denied any weakness, numbness, or paresthesia in the lower extremities. Medications at this visit included Butrans 10mcg per hour, Gralise at 18mg per day, and Cymbalta 16mg daily. On physical examination there was tenderness primarily in the left lower lumbar spine. No neurological deficits were present on physical examination. Butrans was increased to 20mcg per hour in September of 2013. The patient was also recommended for repeat epidural steroid injections at this visit. An agreed medical evaluation from 10/22/13 again noted the complaints of low back pain without any particular lower extremities symptoms. On physical examination there was tenderness to palpation in the left posterior superior iliac spine. No spasms in the lumbar spine musculature were noted. No neurological deficits were present. Electrodiagnostic studies from 11/26/13 were normal. A follow up on 11/15/13 reported complaints of low back pain radiating to the lower extremities. The patient reported pain continuing at 6-8/10 in intensity. The patient denied any weakness numbness or paresthesia. On physical examination the patient was morbidly obese with tenderness to palpation of the paraspinal musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC BY 5NCG/H PATCHED: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: In regards to the requested Duragesic 5mcg per hour, this was a new medication recommended by the treating provider on 11/15/13. Given the ongoing Butrans use, with some pain control, a switch to a different narcotic medication would be indicated as medically appropriate and standard of care. Therefore, the request is medically necessary and appropriate.

GRALISE 600MG, #90 WITH 4 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

Decision rationale: The patient did not present with any clear objective evidence to support a neuropathic pain condition that would have required this medication. Physical examination findings were negative for any evidence of neurological deficit, and recent electrodiagnostic studies were also negative for any peripheral neuropathic condition or evidence of an ongoing lumbar radiculopathy. Gralise is a recommended first line medication in the treatment of neuropathic pain; however, as there was insufficient evidence establishing the presence of an ongoing neuropathic condition for this patient, this request is not medically necessary and appropriate.

LIDODERM PATCHES, #30 WITH 4 REFILLS: 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 rationale: The patient did not present with any clear objective evidence to support a neuropathic pain condition that would have required this medication. Physical examination findings were negative for any evidence of neurological deficit, and recent electrodiagnostic studies were also negative for any peripheral neuropathic condition or evidence of an ongoing lumbar radiculopathy. Additionally, Lidoderm is only indicated when there is documented

failure of other first line medications for neuropathic pain to include anti-convulsants and/or anti-depressants. As there was insufficient evidence establishing the presence of an ongoing neuropathic condition for this patient, this request is not medically necessary and appropriate.