

Case Number:	CM14-0005557		
Date Assigned:	02/05/2014	Date of Injury:	08/18/2011
Decision Date:	06/20/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/13/2014

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 Internal 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 41 year old female who reported an injury on 08/18/2011 secondary to a fall. The clinical note dated 01/02/2014 reported the injured worker complained of back pain in the morning and if she holds anything in her hands it would result in back pain. The physical examination reported tenderness to palpation at the L3, L4 facet with full apprehensive range of motion and a normal gait. The diagnoses included lumbar spine sprain/strain. The injured worker has participated in approximately nine physical therapy sessions with results to include pain reduction and functional movement and her medication regimen included NSAIDs as needed. The MRI dated 09/26/2013 reported findings to include facet arthropathy throughout the mid and lower lumbar spine and most notable at the lumbosacral junction and multilevel mild broad-based disc bulges. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5%, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.24.2 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 56-57

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 112

Decision rationale: The CA MTUS Guidelines recommend that topical lidocaine may be used for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). The injured worker has a history of low back pain treated successfully with NSAIDs and physical therapy. The clinical information, provided for review, did not state the injured worker had been previously treated with a first line of therapy or provide clear documentation the injured worker had neuropathic pain to include radiating pain, numbness, tingling and decreased motor strength. Therefore, the request for Lidoderm Patch 5%, #30 is not medically necessary and appropriate.

NABUMETONE 500 MG TWICE DAILY (BID) AS NEEDED (PRN) PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.24.2 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 47

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs, 67

Decision rationale: The CA MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The injured worker has a history of low back pain treated successfully with NSAIDs and physical therapy. The clinical information, provided for review, shows the injured worker has been using NSAIDs, as needed for breakthrough pain and this medication along with physical therapy has allowed her to avoid injections, opioids or surgery. However, there is no quantity for the proposed medications. Therefore, the request for Nabumetone 500mg Twice Daily (BID) as needed (PRN) for pain is not medically necessary and appropriate.