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| Case Number: | CM14-0104523 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 04/30/2009 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 54-year-old woman, with a medical history of thyroid dysfunction and GERD, who sustained a work related injury on April 30, 2009. Subsequently, she developed chronic neck and back pain. On March 28, 2012, the patient had a transforaminal epidural steroid injection at left L5-S1 which provided a greater than 50% reduction in low back pain. On February 13, 2013, she had lumbar epidural L5-S1; 80-90% reduction in low back pain and bilateral lower extremity radicular symptoms, with increased functional capacity and decreased use of pain medications. On May 22, 2013, she had left transforaminal epidural steroid injection at L5-S1, which reduced the lower back and left leg symptoms by about 70% for 6 months. According to a note dated on June 17, 2014, the patient noted low back pain rated 8/10 at its worst and 3-4/10 at its least. MRI of the cervical spine done on September 17, 2009 showed disc bulge at C5-6 and C6-7 with annular tear on the left, flattening of spinal cord at C5-6. Facet joint arthropathy noted at multilevels, left slightly more than right. MRI of the lumbar spine done on September 17, 2009 showed disc bulge at multilevels with annular tear L3-4, L4-5, and L5-S1 bulge is eccentric to the left at L5-S1. Physical examination demonstrated lumbar tenderness with reduced range of motion, positive straight leg raise test bilaterally, positive facet loading test bilaterally and tenderness at the sacroiliac joint bilaterally. The patient had an antalgic gait. Deep tendon reflexes at the lower extremities were reduced. There was decreased sensation at the left lower extremity to touch and pain along L4, L5 and S1 down to the left foot and in the S1 and S2 dermatome of the right leg and the plantar surface of the right foot. Physical examination of the upper extremities demonstrated decreased pin sensation at C6, C7, and C8 of both hands and forearms. There was normal motor strength in all groups of the upper extremities. The patient was diagnosed with chronic pain syndrome, displacement of cervical intervertebral disc without myelopathy, disc displacement with radiculitis -lumbar, cervical spondylosis without

myelopathy, lumbosacral spondylosis without myelopathy, and insomnia. The patient has been treated with chiropractic therapy, ESI, and pain medications (Ibuprofen, Darvocet, Norco, Prednisone, Lyrica, Cymbalta, and Ultram). The provider requested authorization to use Lidoderm patches and Ibuprofen.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: According to MTUS guidelines, Lidoderm is the brand name for a Lidocaine patch produced by [REDACTED]. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin). In this case, there is no documentation that the patient developed neuropathic pain that did not respond for first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patch 5% is not medically necessary.

Ibuprofen 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs Page(s): 107.

Decision rationale: According to MTUS guidelines, According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, Nonselective NSAIDs section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation about the duration of the prescription of Ibuprofen and the rationale behind that. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic neck and back pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. Therefore, the prescription of Ibuprofen 600 mg is not medically necessary.

