

Case Number:	CM14-0104601		
Date Assigned:	07/30/2014	Date of Injury:	03/28/2001
Decision Date:	09/30/2014	UR Denial Date:	06/05/2014
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 Occupational 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 patient is a 59-year-old male who has submitted a claim for postlaminectomy syndrome, closed fracture of the lumbar spine, lumbosacral radiculitis and depressive disorder associated with an industrial injury date of March 28, 2001. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain radiating to the left lower extremity and associated with numbness and tingling sensation. Treatment to date has included spine surgeries, physical therapy and medications (such as Hydrocodone, Paroxetine and Topiramate). Utilization review from June 5, 2014 denied the request for one container of Polyethylene Glycol 3350 NF Powder 527 grams and 90 Lidocaine 5% pads. The request for Polyethylene Glycol was denied because it was uncertain if the patient was still on ongoing opioid therapy to justify its use. The request for Lidocaine pads were denied because submitted documents failed to any updated discussion regarding the functional response of the patient to the prior use of Lidocaine pads in terms of the degree and duration of pain relief afforded.

IMR ISSUES, DECISIONS AND RATIONALES

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

One container of Polyethylene Glycol 3350 NF Powder 527 grams.: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating therapy Page(s): 77.

Decision rationale: As stated on page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. According to the National Library of Medicine, Polyethylene Glycol 3350 is used to treat occasional constipation. A progress note dated June 5, 2014 indicated that the patient was prescribed Hydrocodone. The use of Polyethylene Glycol is reasonable as prophylactic treatment of constipation in this case. Therefore, the request for one container of Polyethylene Glycol 3350 NF Powder 527 grams is medically necessary.

90 Lidocaine 5% pads.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Therapeutic Use Of Opioids and Topical Analgesics.

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

Decision rationale: As stated on page 77 of the CA MTUS Chronic Pain Medical Treatment 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 (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. In this case, the patient had a trial of SNRI anti-depressants (Paroxetine) and AED (Topiramate). Clinical manifestations are consistent with neuropathic pain; hence, Lidocaine patch is a reasonable treatment option. However, there is no discussion as to why quantity 90 should be prescribed at this time. Therefore, the request for 90 Lidocaine 5% pads is not medically necessary.