

<b>Case Number:</b>	CM14-0106814		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2014

### 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 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 records presented for review indicate that this 45 year-old individual was reportedly injured on 7/25/2011. The mechanism of injury is noted as an industrial injury. The most recent progress note, dated 9/10/2013 indicates that there are ongoing complaints of low back, left lower leg, and left knee pain. The physical examination demonstrated positive tenderness to palpation of the region concordant with the patient's described areas of pain. The palpation results in distal radiation of the pain. Globally and regional reduced range of motion. Decreased muscle strength in the quadriceps. Inability to perform heel and toe walk. Palpable taught bands in the area of their pain. Soft tissue dysfunction and spasm in the suprascapular, lumbar paraspinal, and gluteal region. Positive straight leg raise on the affected side. Decreased patellar reflex on the affected side. Dystesthetic sensations throughout the affected area. No recent diagnostic studies are available for review. Previous treatment includes: physical therapy, chiropractic care, medications, and conservative treatment. A request was made for MS Contin 15 mg #60, lidocaine 5% ointment 200 mL #1 bottle and was not approved in the pre-authorization process on 2/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of MS Contin 15mg.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 13. Knee Complaints, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74, 78, 93 of 127.

**Decision rationale:** CA MTUS guidelines support long-acting opiates such as (MS Contin) in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic low back and left lower extremity pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not medically necessary and appropriate.

**1 bottle of 200ml of Lidocaine 5% Ointment:** Upheld

**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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112.

**Decision rationale:** The MTUS supports the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided there is limited subjective complaints as well as objective clinical findings on physical exam. It is noted the big documented findings of "dysthetic sensations throughout the affected area" is noted in the physical exam section. However, it does not detail a specific area or dermatome. Therefore the request for this medication is not medically necessary and appropriate.