

Case Number:	CM14-0019531		
Date Assigned:	04/21/2014	Date of Injury:	05/27/2002
Decision Date:	07/02/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 52 year old male injured on 05/27/02 due to an undisclosed mechanism of injury. Current diagnoses include chronic low back pain with left sided radicular symptoms. Clinical note dated 01/08/14 indicates the injured worker presented with complaints of stable chronic low back pain and required refills of medications. The injured worker has been utilizing TENS unit with benefit. Documentation indicates intent to obtain laboratory testing to include CBC and Chem 7. Objective findings include tenderness in lumbar paraspinal muscles with no guarding, no spasms, negative straight leg raise, negative Fabre, range of motion decreased, motor strength 5/5, reflexes 2+ at patellar and Achilles. Medications include Lidoderm 5% patch QD PRN, Vicodin QD PRN, Celebrex 100mg QD PRN. There was no additional documentation submitted for review to include updated lab results. The initial request for Lidoderm patch 5% #30 with 1 refill on 01/07/14 and Celebrex 100mg #30 with 1 refill on 01/07/14 was non-certified on 01/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: LIDODERM PATCH 5%, #30 WITH 1 REFILL; 1/7/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or Serotonin-norepinephrine reuptake inhibitors (SNRI) antidepressants or an antiepileptic drugs (AED) such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore the requested treatment cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

CELEBREX 100MG, #30 WITH 1 REFILL, 1/7/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Therefore the requested treatment is not medically necessary and appropriate.