

Case Number:	CM14-0110627		
Date Assigned:	08/01/2014	Date of Injury:	12/14/1998
Decision Date:	09/09/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/15/2014

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 Interventional Spine 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 62-year-old female with date of injury of 12/14/1998. The listed diagnoses per Dr. [REDACTED] dated 04/30/2014 are: 1. Lumbar disk displacement without myelopathy. 2. Lumbago. 3. Back ache, not otherwise specified. According to this report, the injured worker complains of back and limb pain with numbness and tingling. She has completed 6 acupuncture sessions. Her sciatic pain improved somewhat. She states that gabapentin is not helping with the neuropathic pain. Her current list of medications includes Lidoderm patch, Vicodin, Celebrex, Synthroid, Neurontin, Atenol, and hydrochlorothiazide. The physical exam shows there is decreased range of motion in her lumbar spine due to pain and guarding. The patient has a very pronounced lumbar lordosis. There are 2 painful lumbar paraspinal points near the sacroiliac joints bilaterally. Straight leg raise is positive on the right side while sitting. Motor strength in the lower extremities is 5/5. DTR is 2+ on the knees, 2+ on the left ankle, 1+ on the right ankle. Sensation to light touch on the right lateral aspect of the leg is 4/5. The utilization review denied the request on 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg Quantity: 30 + 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 60, 61, 22; 67, 68.

Decision rationale: This injured worker presents with back and limb pain. The provider is requesting Celebrex. The MTUS Guidelines page 22 on anti-inflammatory medications states that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. In addition, MTUS pages 60 and 61 on medications for chronic pain require evaluation of effect of pain in relationship to improvements in function and increased activity. The records show that the patient has been taking Celebrex since 08/13/2013. The provider documents medication efficacy, "Celebrex one a day is helping to control pain without side effects." In this case, the patient reports benefit while utilizing Celebrex. Recommendation is medically necessary.

Vicodin 5-500 Quantity: 60 + 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: This injured worker presents with back and limb pain. The provider is requesting Vicodin. For chronic opiate use, the MTUS Guidelines require specific documentations regarding pain and function. Page 78 of MTUS requires "pain assessment" that requires "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; how long pain relief lasts." Furthermore, "the 4 As for ongoing monitoring" are required which includes: Analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The records show that the patient has been taking Vicodin since 08/13/2013. None of the reports document before and after analgesia, no specifics regarding ADLs to denote significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessments" as required by MTUS. Furthermore, there are no discussions regarding adverse side effects and aberrant drug-seeking behavior such as a urine drug screen. Recommendation is not medically necessary.

Lidoderm patch 5% Quantity: 30 + 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines has the following regarding lidoderm patches Page(s): 56, 57, 112.

Decision rationale: This injured worker presents with back and limb pain. The provider is requesting Lidoderm patches 5%. The MTUS Guidelines page 56 and 57 on Lidoderm patches

states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line treatment (tricyclic, SNRI, antidepressants, or AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for postherpetic neuralgia. This localized peripheral pain refers to neuropathic pain. The records show that the injured worker has been utilizing Lidoderm patches since 08/13/2013. The progress report dated 09/26/2013 documents, "Lidoderm patches are not working, so she stopped patches." In this case, the patient reports no benefit while utilizing Lidoderm patches and the continued use of this medication is not medically necessary. Furthermore, the patient does not present with localized peripheral pain that would require the use of Lidoderm patches. Recommendation is not medically necessary.