MAXIMUS Federal Services

Case Number:	CM14-0125866		
Date Assigned:	09/24/2014	Date of Injury:	05/12/2010
Decision Date:	11/25/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/08/2014

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 38-year-old female with date of injury of 05/12/2010. The listed diagnoses per [redacted] from 07/23/2014 are: 1. Low back pain.2. Lumbar radiculopathy.3. Lumbar fusion, L5-S1.4. Status post lumbar laminectomy, L5-S1.5. Depression secondary to chronic pain.According to this report, the patient continues to experience pain across the lower back and buttocks with radiation down both legs. The patient had lumbar fusion revision surgery on 08/28/2013 and 09/11/2013 with [redacted]. Topical, Toradol injections, and NSAIDs helped to reduce flare-ups of pain. However, she was instructed to avoid NSAIDs for at least 1 year after the fusion. The fentanyl patch is effective in reducing her pain and she can notice an increase in pain when she forgets to change the patch. Nausea is improved with Zofran. Constipation managed with Colace. She denies any bowel or bladder incontinence. The patient reports undergoing acupuncture in the past which provided pain relief. The objective findings show the patient is anxious, in moderate discomfort. Gait is slow and antalgic. The injured worker has difficulty transferring from a seated position to standing. Has moderate tenderness to palpation over the lower lumbar spine and bilateral lumbar paraspinal muscles. Linear scar is noted on the midline lumbar spine and midline lower abdomen. There is decreased sensation to light touch in the left lower extremities. Lower extremity DTRs are 2 plus to 4 bilaterally. No atrophy or edema of the extremities was noted. The utilization review denied the request on 07/20/2014.

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): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter on Lidoderm

Decision rationale: This patient presents with lower back and buttock pain with radiation down both legs. The provider is requesting Lidoderm patches 5% quantity #30. The MTUS Guidelines page 57 states, "topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain recommended for localized peripheral pain." When reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short term use with outcome documenting pain and function. The records show that the patient was prescribed Lidoderm patches on 07/23/2014. The provider prescribed the patches in order to help with pain relief and to minimize oral medication use. However, the patient does not present with localized neuropathic peripheral pain for which Lidoderm patches are indicated. The patient has axial musculoskeletal pain and diffuse peripheral radicular pain. Therefore, this request is not medically necessary.

Zofran 4mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter on Zofran

Decision rationale: This patient presents with low back and buttock pain with radiation down both legs. The provider is requesting Zofran 4 mg quantity #30. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines do not support anti-emetics for nausea and vomiting due to chronic opiate use. Specifically, Zofran is recommended for nausea and vomiting secondary to chemotherapy and radiation treatment, following surgery, and for acute use for gastroenteritis. The records show that the patient was prescribed Zofran on 02/04/2014. This patient does not present with any of this conditions required by ODG for Zofran. While the provider notes that nausea is improved with Zofran, ODG does not support its use for vomiting due to chronic opiate use. Therefore, this request is not medically necessary.