

Case Number:	CM14-0137084		
Date Assigned:	09/05/2014	Date of Injury:	02/03/2000
Decision Date:	10/08/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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 & Rehabilitation, Pain Medicine and is licensed to practice in California and Washington. 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 51-year-old female who reported an injury on 05/03/2000 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back and ultimately underwent lumbar fusion surgery. The injured worker's treatment history included epidural steroid injections, physical therapy, a home exercise program, and multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 07/18/2014. It was documented that the injured worker had a recent fall due to an imbalance caused by neuropathic foot pain. It was documented that the injured worker had an interspinal drug delivery system. It was noted that the injured worker was stable on medications and was requesting a medication refill. The injured worker's medications included Topamax 200 mg, Robaxin 750 mg, Dilaudid 4 mg, and venlafaxine 150 mg. It was documented that the injured worker would be weaned off Dilaudid. A request for refills was made. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested methocarbamol 750 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of muscle relaxants be reserved for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. Long term use of these types of medications is not supported by guideline recommendations. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration. There is no documentation of significant pain relief or increased functionality resulting from this medication. Therefore, continued use would not be supported in this clinical situation. Furthermore, the request as it is submitted does not provide a frequency of treatment or quantity. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Methocarbamol 750 mg is not medically necessary or appropriate.

Lidocaine ointment (2 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 Topical Analgesics Page(s): 111.

Decision rationale: The requested lidocaine ointment with 2 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of lidocaine in a cream or gel formulation as it is not FDA approved to treat neuropathic pain. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested Lidocaine ointment with 2 refills is not medically necessary or appropriate.

Lidocaine 5% patches (2 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 Topical Analgesics Page(s): 111.

Decision rationale: The requested lidocaine 5% patches (2 refills) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends lidocaine patches for patients who have failed to respond to oral anticonvulsants and other first line medications. The clinical documentation submitted for review does indicate that the injured worker is on Topamax. There is no documentation to support that this has failed to provide significant pain relief and requires additional topical analgesics. As such, the requested Lidocaine 5% patches (2 refills) is not medically necessary or appropriate.