

Case Number:	CM14-0158146		
Date Assigned:	10/01/2014	Date of Injury:	06/29/2012
Decision Date:	10/29/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 35 year old male who was injured on 6/29/2012 in a motor vehicle accident. He was diagnosed with chronic low back pain with radiculopathy, shoulder pain, neck pain, myofascial pain, lumbar degenerative disc disease, and left inguinal neuralgia. He also has a medical history significant for obesity and hypertension. He was treated with physical therapy, opioids, NSAIDs, muscle relaxants, topical analgesics including Lidoderm, TENS unit, and acupuncture. He was also given docusate for constipation. He was able to continue work full time while managing his chronic pain mostly with medication. On 8/22/14, the worker was seen by his treating physician complaining of his constant low back pain which radiated to his lower extremity and occasional testicular pain with prolonged sitting. He rated his pain at 8/10 on the pain scale. TENS unit and medications (collectively) help reduce his pain by 50%, reportedly. Physical examination was significant for tenderness of lumbar area. He was then recommended to continue TENS use and his medications, which included Tramadol/APAP, Lidoderm patches, and docusate (for constipation).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch), Topical Lidocaine, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics, Lidocaine Page(s): 56-57 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that Topical Lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, Serotonin-Norepinephrine Reuptake Inhibitors (SNRI), anti-depressants, or an Anti-Epilepsy Drugs (AEDs) such as Gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. The worker in this case had been using the Lidocaine patches for some time for his low back pain, presumably, however, there was no evidence found in the documents provided showing that physical examination findings confirmed his neuropathy, nor was there any evidence of the worker having tried and failed first-line oral medications for his radiculopathy. Without this evidence, the Lidocaine is, therefore, medically unnecessary. Also, the number of patches was not included in the request. The request is not medically necessary and appropriate.

Docusate Sodium: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy (Opioid) Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Pain section, Opioid-induced constipation treatment (<http://reference.medscape.com/drug/colace-dss-docusate-342012#0>)

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. Colace (docusate sodium) is a surfactant laxative and stool softener used for constipation. It is indicated for short-term use, and is not recommended for chronic use due to the risks of dependence and electrolyte disturbances. In the case of this worker, he had complained of mild constipation in prior office visits, however, there was no evidence that first-line recommendations, such as dietary changes, were made or implemented before considering medication therapy. Also, there was not a number of pills included in the request. Therefore, docusate is not medically necessary.