

Case Number:	CM14-0025271		
Date Assigned:	03/03/2014	Date of Injury:	08/07/2007
Decision Date:	08/05/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/14/2014

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 Anesthesiologist Pain Medicine, has a subspecialty in and is licensed to practice in Florida. 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 48-year-old male who reported an injury on 08/07/2007; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 12/24/2013, the injured worker reported bilateral low back pain. The medications listed at the visit included morphine sulfate IR 30 mg daily as needed and Lidoderm patches 5% every 12 hours. The physical exam revealed the lumbar spine had restricted range of motion in all directions, and tenderness to palpation along the lumbar paraspinal muscles. Clonus, Babinski, and Hoffman's signs were absent bilaterally, with motor and strength ratings in the lower extremities rated 5/5. The Request for Authorization was dated 12/27/2013. As indicated, the request is for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 12HRS ON 12 HRS OFF #30 REFILLS: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The California MTUS Guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further state that lidocaine, in the formulation of a dermal patch, has been designated for orphan status by the FDA for neuropathic pain. The guidelines also indicate that no other commercially-approved topical formulations of lidocaine are indicated for neuropathic pain. With the documentation reports the injured worker experiencing neuropathic pain of the lumbar spine and would be supported by the guidelines. However, the documentation fails to ascertain proper pain assessment utilizing a pain scale that would show the injured worker's response with the medication and response without the medication. Additionally, the documentation does not show objective functional improvement of activities of daily living. Without knowledge of these detailed assessments, it is unknown whether the request is supported by the guidelines. As such, the request for Lidoderm Patch 12hours on 12 hours off #30 Refills: 5 is not certified.

MSIR 30MG 1 TAB PO QD PRN PAIN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The CA MTUS guidelines state opioid management should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records provided indicate an ongoing prescription for morphine sulfate IR 30mg. There is a lack of documentation regarding significant pain relief, objective functional improvements, appropriate medication use, and side effects to determine the necessity of continued use. Based on this information, the request is not supported. As such, the request for MSIR 30mg 1 tablet by mouth every day as needed for pain #30 is not-certified.