

Case Number:	CM14-0025276		
Date Assigned:	06/11/2014	Date of Injury:	11/01/2011
Decision Date:	07/15/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/27/2014

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 Pain Medicine and is licensed to practice in Texas. 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 49 year old male who reported a work-related injury on 11/01/2011, due to continue trauma. On 06/27/2013 the injured worker diagnosis with a lumbar spine sprain and strain, 2-3 cm disc bulge with stenosis at L3-L4 and L4 -L5, and mild to moderate disc desiccation L3 to L5 right pisiforms syndrome and right sacroiliac joint sprain and strain. The injured work is taking Tramadol, Lidoderm, Prilosec, Motrin, and Flexeril. On 07/27/2013 the injured worker was seen for a Comprehensive Pain Management Consultation. The injured worker complain of pain in the lumbar spine, which he rated on a pain scale at 7/10 When cold 10/10 and 5/10 when hot. The pain was described as sharp "like sitting on a rock", radiating to the right leg and buttocks to the heel. On 09/09/2013, the injured worker stated that the symptoms continued and remained unchanged. The injured worked complained of severe pain on right buttock, pain was radiating to the right lower extremity, distally to the heel. The pain was localized to the right sacroiliac joint. The injured worker was utilizing Tramadol, Flexeril, Lidoderm patch and Motrin. Due to the gastrointestinal upset the Tramadol and Flexeril was discontinued as the use of pharmacological treatment had minimal or no relief in managing his chronic piriformis syndrome and possible side effects. On 05/02/2014 there is a request for Ultram Er 150mg, Celebrex 200mg and Lidoderm Patch 5% as of 09/09/2013 documentation states the injured worker was taken off of Tramadol/Ultram and Flexeril/ Celebrex related to none effectiveness. There is no documentation for Motrin 800 mg or how often this medication is to be used. The request for authorization for Motrin 800 mg was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORTIN 800MG QD: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: There was no documentation for this request noted. There was no documentation of the amount or how often the Motrin 800 mg should be dispensed. The injured worker complained of severe pain on right buttock, pain was radiating to the right lower extremity, distally to the heel the pain was localized to the right sacroiliac joint. The use of non-steroidal anti-inflammatory agents were of no relief. California Medical Treatment Utilization Schedule (MTUS) guideline chronic pain medical treatment for non-steroidal anti-inflammatory drugs states there is no evidence of long-term effectiveness for pain or function. The request does not include the frequency. The request for Motrin 800 mg is not medically necessary.

LIDODERM PATCH 1/DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal antinflammatory agents).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Non-steroidal antinflammatory agents (NSAIDS) Page(s): 111.

Decision rationale: The injured worker complained of severe pain on right buttock, pain was radiating to the right lower extremity, distally to the heel the pain was localized to the right sacroiliac joint. The use of Non-steroidal antinflammatory agents were of no relief. California Medical Treatment Utilization Schedule (MTUS) guideline chronic pain medical treatment, Topical Analgesics states regarding topical Lidoderm non-neuropathic pain not recommended. Furthermore topical lidocaine is recommended for localized peripheral pain after there has been evident of a trail of first-line therapy such as gabapentin or Lyrica that has not been documented. There was no documentation of how many patches or how often they are required to be used. Therefore the request is not medically necessary.