

<b>Case Number:</b>	CM14-0028817		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/03/2005
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 38-year-old male who reported an injury on 10/03/2005. The mechanism of injury was not provided. On 01/24/2014, the injured worker presented with back pain radiating from the low back down to the left leg and lower backache. Current medications included ibuprofen, Prilosec, Zanaflex, Lidoderm patch, gabapentin, Norco, and OxyContin. Upon examination of the lumbar spine, there was decreased range of motion and tenderness to palpation over the paravertebral muscles bilaterally. There was positive facet loading bilaterally and a positive straight leg raise to the left. There was decreased sensation over the left L4, L5, and S1 dermatomes on the left side. The diagnoses were lumbar radiculopathy and spinal lumbar degenerative disc disease. The provider recommended ibuprofen and Lidoderm, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM 5 PERCENT COUNT 30 WITH ONE REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocain Patch), page(s) 56-57 Page(s): 56-57.

**Decision rationale:** The request for Lidoderm 5% count 30 with 1 refill is non-certified. The California MTUS states Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, tricyclic or SNRI antidepressant, or an AED such as gabapentin or Lyrica. This is not a first-line treatment and is only FDA-approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The included documentation lacked evidence that the injured worker had failed a trial of first-line therapy, and the injured worker's diagnosis is not congruent with the guideline recommendations for Lidoderm. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is non-certified.

**IBUPROFEN 600 MG COUNT 90 WITH 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, page(s) 70 Page(s): 70.

**Decision rationale:** The request for ibuprofen 600 mg count 90 with 3 refills is non-certified. The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis, including knee and hip, and injured workers with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. In injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The included documentation states the injured worker has been prescribed ibuprofen since at least 01/2014; the efficacy of the medication was not provided. Additionally, the provider's request for ibuprofen does not indicate the frequency of the medication in the request as submitted. As such, the request is non-certified.