

Case Number:	CM14-0032673		
Date Assigned:	06/20/2014	Date of Injury:	02/08/2003
Decision Date:	07/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/14/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 male who reported an injury on 02/08/2003 due to an unknown mechanism. The injured worker was status post lumbar spine decompressive surgery L4-S1 on 11/14/2012 and had complaints of persistent pain. Physical examination on 06/12/2014 revealed that he had an epidural steroid injection in February and pain was improved for three weeks then noticed cramping and paresthesias in legs. Lumbar spine restricted in all planes with increased pain, motor strength was at 5/5 in bilateral lower extremities except for 4/5 bilateral hip flexors. Pain scale was rated 6/10. Diagnostic studies were not submitted with the document for review. Medications were Prilosec 20mg one twice daily, gabapentin 300mg two at bedtime, hydrocodone 10mg one every three hours as needed not to exceed eight tablets in one day, lidocaine topical film 5% patch once a day 12 hours on and 12 hours off. The diagnoses were lumbar disc with radiculitis, degeneration of lumbar disc, low back pain. The treatment plan for the injured worker was to continue medications as prescribed, physical rehabilitation such as keeping active and engage in at home exercise program and to consider weaning of hydrocodone. The rationale and request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds x 1 Lidocaine topical film 5%, 1 patch applied topically , once a day, 30 days #30, refills 0: Upheld

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

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

Decision rationale: The request for 1 lidocaine topical film 5%, 1 patch applied topically, once a day quantity 30 is non-certified. The medication requested is recommended for use in treating post-herpetic neuralgia and localized peripheral pain. California Medical Treatment Utilization Schedule states lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic, SNRI antidepressant or an AED such as gabapentin or Lyrica). The FDA approved Lidoderm patch for post-herpetic neuralgia. Also there is no documentation in the injured workers document of failure in the use of gabapentin. Therefore, the request is non-certified.

Prilosec delayed release capsule, 20 mg qd bid #60, ref:3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The request for prilosec delayed release capsule, 20mg one twice a day quantity of 60 is non-certified. The injured worker does not have a diagnosis to support this medication. California Medical Treatment Utilization Schedule states to determine if the patient is at risk for gastrointestinal events such as over 65 years of age, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/ or anticoagulant or a non-steroid anti-inflammatory. The injured worker is not taking a NSAID medication. The clinical documentation does not support the use of proton pump inhibitor. Therefore, the request is non-certified.