

Case Number:	CM14-0043362		
Date Assigned:	07/02/2014	Date of Injury:	03/26/2005
Decision Date:	08/19/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 43-year-old male claimant sustained a work injury on 3/26/05 involving the low back. He was diagnosed with lumbar sprain with radiculopathy and underwent a lumbar discectomy at L3-L4 with laminotomy, foraminotomy and facetectomy. A progress note 11/11/2013 tenderness in his lumbar spine with radiation to his left leg. Flexion, extension, side bending and rotation of the lumbar spine were limited. He was given a trial of a Medrol Dose Pack, topical Lidoderm patches and physical therapy. A progress note December 11, 2013 tenderness in his lumbar spine with radiation to his left leg. Flexion, extension, side bending and rotation of the lumbar spine were limited. An MRI performed on that day showed L5 root epidural fibrosis. The treating physician provided Duexis 800 mg for pain. He had previously tried and failed to improve on Celebrex. A follow-up visit in January 2014 stated that the claimant had no back pain but limited range of motion of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dose Packs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Oral Steroids.

Decision rationale: The MTUS and ASOEM guidelines do not comment on steroids. Medrol Dose Pack is a tapered dose steroid regimen. According to the ODG guideline, they are not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. In addition, the claimant did not obtain relief with its use. Medrol Dose Pack is not medically necessary.

Lidoderm Patch 5% Lidocaine: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Lidoderm is used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Topical Analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Lidoderm is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The claimant had used Lidoderm for unapproved diagnoses. In addition, he did not obtain relief and needed alternative medications and interventions a month later. The use of Lidoderm is not medically necessary.

Duexis 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Page(s): 67.

Decision rationale: Duexis is an NSAID. According to the MTUS guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. There is no documentation of Tylenol failure. The claimant had been on Celebrex. There is no evidence that NSAIDs are superior to Cyclooxygenase 2 (COX-2) inhibitors. The use of Duexis did not improve function. The use of Duexis is not medically necessary.