

Case Number:	CM14-0045390		
Date Assigned:	07/02/2014	Date of Injury:	05/16/2006
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 and is licensed to practice in Nevada. 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 40 year old male who was reportedly injured on May 16, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 17, 2014, indicates that there are ongoing complaints of low back pain. Medications are stated to be contributing to constipation however Duexis was noted to be relieving the injured employees back pain without stomach irritation. Lidoderm is also stated to help control radiating pain into the right leg. The physical examination demonstrated an antalgic gait and tenderness over the lumbar spine. Diagnostic imaging studies show degenerative disc disease at L4/L5 and L5/S1 contributing to mild bilateral foraminal narrowing. Some minimal nerve root apartment may be present there is no definite impingement identified. Previous treatment was not mentioned. A request had been made for Lidoderm patches and Duexis and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 56 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines supports the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the injured employee states that lidocaine patches help reduce radicular symptoms however there is no documentation that previous therapy has been tried with antidepressant or anti-epilepsy medications. Therefore this request for continued use of Lidoderm patches is not medically necessary.

Duexis 800-26.6 #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 22 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&query=duexis>.

Decision rationale: Duexis is a combination medication of Ibuprofen and Famotidine. According to the most recent progress note dated March 17, 2014, Duexis was stated to help relieve the injured employee's low back pain without causing stomach irritation. Considering this, this request for Duexis is medically necessary.