

Case Number:	CM14-0063049		
Date Assigned:	07/11/2014	Date of Injury:	12/02/1997
Decision Date:	08/29/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/05/2014

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 Illinois. 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 70 year-old female who reported an injury on 12/21/1997. The mechanism of injury was not provided for clinical review. The diagnoses included post laminectomy syndrome lumbar region, degenerative lumbar/lumbosacral intervertebral disc, spondylosis without myelopathy, and spinal stenosis lumbar without neurogenic claudication, enlargement of lymph nodes, unspecified chronic bronchitis, neuralgia, neuritis, and radiculitis. The previous treatments included medication, trigger point injections, a TENS unit, and physical therapy. Within the clinical note dated 04/16/2014, the injured worker complained of lumbar spine and bilateral leg pain. She reported her pain radiated to the left leg, buttock, hip, calf, and foot. She described the pain as constant, sharp, and electrical with numbness and tingling and severe. Upon the physical examination, the provider noted the thoracic spine was normal with no tenderness. The provider noted tenderness to palpation over the cervical facets, interspinous process, and paraspinal muscles. The provider also noted tenderness over the bilateral lumbar paraspinal muscles and sacroiliac joints. The provider prescribed lidocaine, Norco for pain, and butalbital/acetaminophen for pain. The request for authorization was submitted and dated 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5%: Upheld

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

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

Decision rationale: The MTUS guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of four to twelve weeks. Topical lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide whether the provider was indicating the injured worker to utilize the patch or an ointment. The request failed to provide the frequency and quantity. Therefore, the request is not medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the medication had been providing objective functional improvement and benefit. The injured worker has been utilizing the medication since at least April 2014. The provider failed to document an adequate and complete pain assessment. The request submitted failed to provide the frequency and quantity of the medication. Therefore, the request is not medically necessary.

Voltaren gel 1%: Upheld

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

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

Decision rationale: The MTUS guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of four to twelve weeks. Voltaren gel is indicated for the relief of osteoarthritis pain in joints that lend themselves to

topical treatment; ankle, foot, hand, knee, and wrist. It has not been evaluated for treatment in the spine, hip or shoulder. There is a lack of documentation indicating the medication had been providing objective functional improvement. The request submitted failed to provide the frequency and quantity of the medication. The injured worker has been utilizing the medication since at least April 2014 which exceeds the guidelines recommendation of short term use. The request submitted failed to provide the quantity of the medication to be dispensed. Therefore, the request is not medically necessary.

Butalbital-Acetaminophen-Caffeine 50/325/40mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents Page(s): 23.

Decision rationale: The MTUS guidelines note barbiturate-containing analgesics are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of the BCAs due to the barbiturate constituents. There is risk of medication overuse, as well as rebound headaches. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least April 2014. The request submitted failed to provide the frequency and quantity of the medication. Therefore, the request is not medically necessary.