

Case Number:	CM14-0071574		
Date Assigned:	07/16/2014	Date of Injury:	09/04/2009
Decision Date:	09/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 64-year-old male who reported an injury on 09/04/2009. The mechanism of injury was not provided for clinical review. The diagnoses included displacement of lumbar intervertebral disc without myelopathy. Previous treatments included medication, gym membership, and CT scan. Within the clinical note dated 02/03/2014, it was reported the injured worker complained of low back pain. The injured worker reported having increased pain, as well as continued numbness in both legs. On the physical examination, the provider noted the injured worker had a negative seated straight leg raise bilaterally. Reflexes were 2+ of the knees, but absent in the ankles. The injured worker had hypoesthesia in the L3 and the L4 dermatome bilaterally. The provider requested Suboxone, Miralax, Voltaren gel for pain, and Lidoderm for pain. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 2mg-0.5mg SL film #90 refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The request for Suboxone 2 mg-0.5 mg sublingual film #90 with 1 refill is not medically necessary. California MTUS Guidelines recommend Suboxone for treatment of opioid addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. There is a lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Miralax 17gm/dose oral powder, 510 gm jar, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioid induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The request for Miralax 17 grams/dose oral powder, 510 gram jar, #1 is not medically necessary. The California MTUS Guidelines recommend prophylactic therapy for constipation while in the therapeutic phase of opioid therapy. There is a lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Voltaren 1% topical gel,100gm #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs: GI symptoms and cardiovascular risk; NSAIDs, hypertension and renal function Page(s): 111-112. Decision based on Non-MTUS Citation Voltaren package insert.

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

Decision rationale: The request for Voltaren 1% topical gel, 100 grams, #2 is not medically necessary. The California MTUS Guidelines topical NSAIDs for the use of osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use at 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 02/2014, which exceeds the guidelines' recommendation of short-term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

Lidoderm 5%, #30 refills 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Indication Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Pain, Criteria for use of Lidoderm patches.

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

Decision rationale: The request for Lidoderm 5%, #30, 5 refills is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines note Lidoderm is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is also used off-label for diabetic neuropathy. There is a lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. The request submitted failed to provide the frequency and the treatment site. Additionally, there is a lack of documentation indicating the injured worker had tried and failed on antidepressants and anticonvulsants. Therefore, the request is not medically necessary.