

Case Number:	CM14-0083041		
Date Assigned:	07/21/2014	Date of Injury:	01/27/2011
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/03/2014

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 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 53-year-old female who reported an injury on 01/27/2011. The mechanism of injury was not specifically stated. The current diagnosis is status post transforaminal lumbar interbody fusion (TLIF) at L5-S1 on 08/22/2013. The latest physician progress report submitted for this review is documented on 02/03/2014. The injured worker was 6 months status post lumbar spine fusion. It is also noted that she has completed 7 sessions of postoperative chiropractic/physiotherapy. She reported 3/10 lower back pain. The current medication regimen includes Percocet 5/325 mg, Norco 5/325 mg, Norflex ER 100 mg, and Lidoderm patches. Physical examination on that date revealed a midline surgical site, slight tenderness to palpation, intact sensation, and slightly diminished left extensor hallucis longus (EHL) and tibialis anterior strength. Treatment recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication of this injured worker's current utilization of this medication. There is also no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is no strength, frequency, or quantity listed in the current request. As such, the request for Lidopro Ointment is not medically necessary.

Orphenadrine ER tablets 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. There was no documentation of palpable muscle spasm or spasticity upon physical examination. The injured worker has utilized this medication since 05/2013. Guidelines do not recommend long-term use of muscle relaxants. There is also no frequency or quantity listed in the current request. As such, the request for Orphenadrine ER tablets 100 mg is not medically necessary.