

Case Number:	CM14-0089722		
Date Assigned:	07/23/2014	Date of Injury:	09/19/2003
Decision Date:	09/25/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/13/2014

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 California and 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 62 year old female who sustained an injury on 09/19/03. The mechanism of injury is undisclosed. The injured worker has been followed for complaints of chronic low back pain radiating to the lower extremities. The injured worker had previously received chiropractic manipulation as well as physical therapy without substantial improvement. The injured worker also was treated with acupuncture therapy. The injured worker did utilize an H wave device which provided benefits. The injured worker wished to avoid injections or surgical intervention. As of 05/16/14, the injured worker reported persistent chronic low back pain which was reduced by thirty percent with the use of electrotherapy. The injured worker's physical examination noted tenderness to palpation in the lumbosacral junction with loss of lumbar range of motion, decreased sensation to light touch in the right dorsal part of the foot and right calf, straight leg raise was reported as positive to the left at 50 degrees, and no motor weakness or reflex changes were present. At this evaluation, Lidoderm 5 percent patch and Diclofenac topical analgesic were continued. The injured worker was utilizing Amitriptyline 25 milligrams on a daily basis. The injured worker was also recommended for further physical therapy. Per the appeal letter from 06/04/14, the injured worker had previously trialed Topiramate which was discontinued due to side effects. The injured worker reported persistent symptoms despite the use of Amitriptyline. The injured worker was also reported to have a substantial amount of side effects with oral antiinflammatories to include Lodine and Nabumetone. The requested Lidoderm 5 percent patches, quantity sixty with three refills and Diclofenac 1.5 percent, 60 grams prescribed 05/16/14 were both denied by utilization review on 05/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lidoderm 5% Patches #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 54.

Decision rationale: Per the submitted information, the injured worker had previously utilized Topiramate without benefit. The injured worker was currently being prescribed Amitriptyline but still had persistent neuropathic symptoms. The clinical documentation submitted for review did not discuss first line use of neuropathic medications such as Lyrica or Neurontin. Topiramate is not a well supported anticonvulsant medication to address neuropathic pain. It is also unknown if the injured worker trialed any other serotonin and norepinephrine reuptake inhibitors (SNRIs) antidepressants before undergoing a trial of Lidoderm patches. The clinical documentation submitted for review also did not identify any clear evidence of functional improvement or pain reduction with the use of Lidoderm that would have supported multiple refills as requested. Therefore, this request is not medically necessary.

Diclofenac Sodium 1.5% 60gm #1 for DOS (Date of service) 5-16-14: 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 Chapter.

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

Decision rationale: The injured worker was utilizing topical Diclofenac due to side effects from Nabumetone and Lodine. It is unclear whether the injured worker had trialed any other first line antiinflammatories such as Ibuprofen or Naproxen. Furthermore, the documentation did not establish any evidence of osteoarthritis which is the indicated condition for topical analgesics such as Diclofenac. As the clinical documentation submitted for review did not meet guideline recommendations regarding this medication, this request is not medically necessary.