

Case Number:	CM14-0187433		
Date Assigned:	11/17/2014	Date of Injury:	05/29/2003
Decision Date:	01/06/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal Medicine 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 patient is an injured worker with lumbar spine complaints. Date of injury was 05/29/2003. Primary treating physician's progress report dated 10/10/2014 documented chronic pain in his thoracic and lumbar spine with radicular symptoms into his left lower extremity. He has weakness of his left lower extremity. He has constipation, which has been under control with Senokot. Medications included Dilaudid, Duragesic patch, Senokot, and Gralise. Objective findings were documented. The patient ambulates with a cane. He has significant tenderness to palpation of the paraspinal muscles greater on the left at the L5 level. He has decreased range of motion. He is able to flex 60 degrees. He has shooting pain into his left lower extremity down the back of his leg. Straight leg raise was positive for increased low back pain on the left only. There was no tenderness on deep palpation of the bilateral calves. He does have slight swelling over the medial aspect of his left ankle superficially as well as quite a bit of what appears to be varicose veins. He has some tenderness to palpation over the swollen area. Diagnoses included lumbar spine pain status post lumbar spine laminectomy and fusion surgery. Treatment plan included Duragesic patches, Hydromorphone, Flexeril, Lidoderm patch, Senokot, Gralise, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Senokot-S: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 77.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation for patients prescribed opioid medications. Medical records document the prescription of the opioids Dilaudid and Duragesic. MTUS guidelines support the medical necessity of prophylactic treatment of constipation for patients prescribed opioid medications. The use of Senokot is supported. Therefore, the request for 90 tablets of Senokot-S is medically necessary.

30 Lidoderm patches 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch), Topical Analgesics Page(s): 56-57, 111-112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. Medical records and MTUS guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for 30 Lidoderm patches 5% is not medically necessary.