

Case Number:	CM14-0188785		
Date Assigned:	11/19/2014	Date of Injury:	03/23/1986
Decision Date:	01/07/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/12/2014

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 Occupational 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 injured worker sustained a work related injury on March 23, 1986. The exact mechanism of the work related injury was not included in the documentation supplied. The primary treating physician's report dated April 3, 2014, noted the injured worker with improved lower back pain and right posterior and lateral thigh pain. Physical examination was noted to show mild palpable tenderness of the paravertebral muscles, bilaterally. Diagnostic studies were noted to have shown very mild L4-L5 spondylolisthesis, and moderate degenerative joint disease of the bilateral hips. The x-ray reports were not included in the supplied documentation. The physician noted the diagnoses as bilateral greater trochanteric bursitis, bilateral lumbar radiculopathy, L4-L5 spondylolisthesis, C4-C5 adjacent segment degeneration above C5 fusion, L4-L5 stenosis, and L4-S1 bilateral laminotomies and L4-L5 posterior spinal instrumentation and fusion August 1, 2012. The injured worker's disability status was noted to be permanent and stationary. The primary treating physician's report dated October 9, 2014, noted the injured worker doing well, with lower extremity and lower back pain improved with medications. The physician's recommendations included refilling of the medications. The physician requested authorization of Celebrex 200mg one by mouth (PO) every 12 hours #60, Mirapex 0.125mg one by mouth four time a day (QID) # 120, Lidoderm patches 5 percent 3 patches 12hours on and off # 90, and Vicodin 5/300mg 1tab PO QD # 30. On October 17, 2014, Utilization Review evaluated the request for Celebrex 200mg one by mouth (PO) every 12 hours #60, Mirapex 0.125mg one by mouth four time a day (QID) # 120, Lidoderm patches 5 percent 3 patches 12hours on and off # 90, and Vicodin 5/300mg 1tab PO QD # 30, citing MTUS Chronic Pain Medical Treatment Guidelines and Drugs.com. The UR physician noted the information submitted for review failed to meet the evidence based guidelines for the requested medications. The Celebrex 200mg one by mouth (PO) every 12 hours #60, Mirapex 0.125mg one by mouth

four time a day (QID) # 120, and Lidoderm patches 5 percent 3 patches 12hours on and off # 90, were non-certified, and the Vicodin 5/300mg 1tab PO QD # 30 was partially certified for #15 for the purposes of weaning. The decisions were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg 1tab PO every 12 hours #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Celebrex 200mg 1tab PO every 12 hours #60 is not medically necessary.

Mirapex 0.125mg 1 PO QID #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guideline Treatment Index, 11th Edition (Web) 2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Miraprex Full Prescribing Information; Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT 06877 USA

Decision rationale: Per the cited guidelines, Miraprex is a non-ergot dopamine agonist indicated for the treatment of the signs and symptoms of idiopathic Parkinson's disease and moderate-to-severe primary Restless Legs Syndrome. There is no documentation that the patient has been diagnosed with a work-related condition of either issue listed above. Mirapex 0.125mg 1 PO QID #120 is not medically necessary.

Lidoderm patches 5 percent 3 patches 12hrs on and off #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56.

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The patient does not suffer from post-herpetic neuralgia or localized peripheral pain. Lidoderm patches 5 percent 3 patches 12hrs on and off #90 is not medically necessary.

Vicodin 5/300mg 1tab PO QD #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported some improvement in pain level, but very little functional improvement over the course of the last 4 months. Vicodin 5/300mg 1tab PO QD #30 is not medically necessary.