MAXIMUS Federal Services

Case Number:	CM14-0193331		
Date Assigned:	12/01/2014	Date of Injury:	08/08/1975
Decision Date:	01/20/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in Utah. 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 a 62 year-old male. The patient's date of injury is 8/8/1975. The mechanism of injury is stated as lifting parts off of an overhead rack and sprained low back. The patient has been diagnosed with herniated disc L4, L4, S1 lipoma. The patient's treatments have included surgical intervention, and medications. The physical exam findings dated 6/17/2014 shows the patient with spasms in the low back. Exam of 9/30/2014 shows the lumbar spine with no deformity, there is no tenderness of spasm noted, the motion is full and painless. The stability is noted as normal; the reflexes were noted as normal. The patient ambulates slowly there is pain noted with straight leg rising, and there is limited back motion with pain. The patient's medications have included, but are not limited to, Gabapentin, Naprosyn, Prilosec, Cyclobenzaprine, Anaprox, Ultram, Norco, Restone, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

EC Naprosyn 500mg DR twice a day #60 with 3 refills: Upheld

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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-73.

Decision rationale: Guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no documentation of the effectiveness of the medication noted. There is only documentation for the opioids usage noted. According to the clinical documentation provided and current MTUS guidelines; Naprosyn is not medical necessary.

Cyclobenzaprine 5mg 3 times a day #90: Upheld

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 Cyclobenzaprine Page(s): 41-42.

Decision rationale: MTUS guidelines state the following: Cyclobenzaprine is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. According to the clinical documents, the Cyclobenzaprine requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Cyclobenzaprine is not medical necessary.

Lidoderm 5% patch (700mg/patch) once a day #30 (brand name) with refill: 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 Lidocaine patches Page(s): 111-112.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Lidoderm Patch. MTUS guidelines state that Lidocaine may be used for peripheral pain, after there has been a trial of first-line therapy (such as tri-cyclic or SNRI antidepressants or AED such as Gabapentin or Lyrica) Topical Lidocaine in the form of a patch has been designated for orphan status by the FDA for neuropathic pain. According to the clinical documentation provided and current MTUS guidelines; First line medications were used previously to the Lidoderm patches. Therefore, Lidoderm Patch is indicated as medically necessary.