

Case Number:	CM14-0195201		
Date Assigned:	12/02/2014	Date of Injury:	10/21/1999
Decision Date:	01/14/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/21/2014

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 injured worker (IW) is a 57-year-old woman with a date of injury of October 21, 1999. The mechanism of injury is not documented in the medical record. The current diagnosis is post laminectomy syndrome, lumbar. Pursuant to the most recent progress note in the medical record dated October 27, 2014, the IW reports that the short acting opiates have been helping her, but the ups and downs of the medication is wearing off and she is frustrated with taking medications. The history indicated that the IW complains of lower extremity neuritis. Physical examination reveals decreased range of motion for flexion and extension in the lumbar spine. Extremity range of motion is grossly normal in all major joints. There was no pain behaviors noted. There was not a neurological evaluation documented in the medical record. Current medications include Butrans Patch, Oxycodone 10/325mg, Ibuprofen 800mg, and Lidoderm patch 5%. According to documentation in the medical record, the IW has been using Lidoderm patch and Oxycodone since at least February 12, 2014. It appears that the Ibuprofen was started April 10, 2014, but it is unclear as to how long the IW has been taking her prescribed medications due to lack of documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg, #90 with one refill (qty: 180): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines Ibuprofen 800mg, #90 with one refill. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend the most drugs over another based on efficacy. In this case, the injured worker is a 57-year-old woman with a date of injury October 21, 1999. The injured worker's complaints are low back pain and bilateral lower extremity neuritis. The diagnosis listed medical record is post laminectomy syndrome, lumbar. A progress note dated February 12, 2014 indicates the worker was using a Lidoderm patch. A progress note dated April 10, 2014 indicates the injured workers taking Ibuprofen. The documentation is unclear as to whether these were refills or the starting date. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no documentation of titrating or reducing the dose of the nonsteroidal anti-inflammatory drugs. Ibuprofen has been used, at a minimum, for nine months. This is clearly in excess of the recommended guidelines. Consequently, absent the appropriate documentation for continued Ibuprofen use along with compelling clinical facts for its continued use, Ibuprofen 800mg, #90 with one refill is not medically necessary.

Lidoderm patch 5%, #30 with one refill (qty: 60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch 5% #30 with one refill is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. We are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is recommended for localized pain consistent with a neuropathic etiology after there has been evidence of a trial of first line (try cyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) antidepressants or an AED (antiepilepsy drug) such as gabapentin). In this case, the injured worker is a 57-year-old woman with a date of injury October 21, 1999. The treating physician prescribed Lidoderm patch in a progress note dated February 12, 2014. This is the earliest progress note in the medical record where Lidoderm appears. Oxycodone was prescribed at that same time. However, there is no documentation of first-line treatment with any antidepressants or antiepileptic drugs such as gabapentin. Lidoderm is a second line drug to be used when trials of antidepressants in anticonvulsants have failed. The history indicates the injured worker has complaints of lower extremity neuritis (?). The physical

examination (October 27, 2014 progress note) does not contain a neurologic evaluation. There is no evidence of neuropathic signs or symptoms in the medical record. Consequently, absent the appropriate first-line pharmacologic treatment and evidence of neuropathic pain, Lidoderm patch 5%, #30 with one refill is not medically necessary.