

Case Number:	CM15-0002923		
Date Assigned:	01/13/2015	Date of Injury:	09/24/2012
Decision Date:	03/20/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old female who reported an injury on 09/24/2012. The mechanism of injury was reportedly when she was descending a ladder. Her diagnoses include lumbar radiculopathy. Past treatment was noted to include surgery, medications, and postoperative physical therapy and at home exercises. On 10/27/2014, it was noted the injured worker had complaints of low back pain. Upon physical examination, it was indicated the injured worker had tenderness to the lower and paralumbar region, decreased sensation to light touch, and a positive straight leg raise bilaterally. The treatment plan was noted to include medications, lumbar brace, physical therapy, and a home exercise program. A request was received for Lidoderm 5% 1 box, Percocet 5/325mg #30, and Neurontin 600mg #120 without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% 1 box: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that lidocaine is recommended for postherpetic neuralgia and only in the form of a patch, not lotion, cream, or gel. The clinical documentation submitted for review did not indicate the injured worker had failed anti-depressants and anticonvulsants nor was it indicated that she had postherpetic neuralgia. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request did not specify frequency, duration, and body region the patch is to be applied to. As such, the request for Lidoderm 5% 1 box is not medically necessary.

Percocet 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing use opioids must be monitored with the direction of the 4 As. The 4 As of ongoing monitoring include analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review did not indicate the injured worker's pain and ADLs with and without the use of this medication and urine drug screen was not provided to determine medication compliance. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration and frequency of use. As such, the request for Percocet 5/325mg #30 is not medically necessary.

Neurontin 600mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs (AED).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: According to the California MTUS Guidelines, gabapentin is effective for diabetic painful neuropathy and postherpetic neuralgia. The clinical documentation submitted for review did not indicate the injured worker had such conditions. It was also not documented what the efficacy of this medication was. Consequently, the request is not supported by the evidenced based guidelines. Additionally, the request does not specify duration and frequency of use. As such, the request for Neurontin 600mg #120 is not medically necessary.