

Case Number:	CM15-0006611		
Date Assigned:	01/21/2015	Date of Injury:	05/29/2012
Decision Date:	04/13/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/12/2015

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: Pennsylvania, Ohio, California
 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 60 year old male who sustained a work related injury on May 29, 2012, suffering severe degenerative arthritis to his back and both hips working as a gardener. Diagnoses included lumbar disc disease and lumbar spine radiculopathy. Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) of the spine revealed lumbar sacral disc protrusion with narrowing and stenosis. Treatment included anti-inflammatory medications, pain medications, and physical therapy. Bilateral hip replacements were eventually performed. Treatments include pain medications. Currently, the injured worker continued to complain of arthritic pain to his back with tenderness and limited range of motion. On January 6, 2015, a request for a prescription of Anaprox 550 mg #60, 3 months' supply, Lidoderm1% #60, 3 months' supply and Tramadol 50 mg #60, 3 months' supply, was non-certified by Utilization Review, noting the California MTUS, Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60, 3 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications Page(s): 22.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications states anti-inflammatories are the traditional first-line of treatment but that long-term use may not be warranted. The medical records at this time include comprehensive treating physician follow-up evaluation of 12/16/2014 which notes that the patient was "not improved significantly" despite taking multiple medications. The records do not clearly document either subjective benefit or objective functional improvement from Anaprox or any other particular medication. Therefore, the request is not medically necessary.

Lidoderm 1percent #60 3 month supply: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines page 112 discusses Topical Lidoderm. This medication is recommended in particular for localized peripheral neuropathic pain. The medical records do not clearly document topical lidocaine being requested for this indication. The guidelines do not support this request. The request is not medically necessary.

Tramadol 50mg #60, 3 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management page 78 discusses the four A's of opioid management. The medical records in this case do not provide such detail such as functional benefit of opioids and discussion of benefit versus side effects and risks of opioid treatment. This request is not supported by the treatment guidelines. Overall, this request is not medically necessary.