

Case Number:	CM15-0008526		
Date Assigned:	01/26/2015	Date of Injury:	09/08/1999
Decision Date:	03/17/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/15/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on September 8, 1999. The diagnoses have included lumbago and mononeuritis of the leg. Treatment to date has included acupuncture, ice therapy and TENS unit. Currently, the injured worker complains of low back pain radiating down the right leg and feet worsened with weather fluctuations. The injured worker reported that she walks 30 minutes 3-4 days per week and swims during the summer. With pain medication the injured worker is able to increase her activity to activities of daily living. Her pain was reported as a seven on a 10-point scale. The evaluating physician noted that the injured worker was educated that Soma and Norco were not long-term solutions to her pain and they plan was to wean Soma and to continue to use her TENS unit and her ice therapy. Per the doctor's note dated 12/18/14 patient had complaints of low back pain that was radiating to right leg. Physical examination revealed a normal gait. The patient's surgical history include recent bowel surgery on 11/20/14 a repeat procedure to correct prior surgery of large necrotic bowel correction 1.5 years ago. Any operative note was not specified in the records provided. The medication list includes Gabapentin, Iodine, Norco, Soma and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Emla cream 2.5% #100 x 2 refills: Upheld

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

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

Decision rationale: Request: Emla cream 2.5% #100 x 2 refills. Emla cream contains two active ingredients, lidocaine and prilocaine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not recommended. A recent detailed physical examination was not specified in the records provided. There was no evidence in the records provided that the pain is neuropathic in nature. The patient is already taking Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Any lack of response of oral medications was not specified in the records provided. Any evidence of diminished effectiveness of medications or history of substance abuse was not specified in the records provided. The medical necessity of the request for Emla cream 2.5% #100 x 2 refills is not fully established in this patient.

Lodine 400mg #120 x 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22 Page 71 .

Decision rationale: Request: Lodine 400mg #120 x 2 refills. NONSELECTIVE NSAIDS: Etodolac (Lodine, Lodine XL, generic available). Etodolac is an NSAID. According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." The diagnoses have included lumbago and mononeuritis of the leg. Currently, the injured worker complains of low back pain radiating down the right leg and feet worsened with weather fluctuations. With pain medication the injured worker is able to increase her activity to activities of daily living. Her pain was reported as a seven on a 10-point scale. Per the doctor's note dated 12/18/14 patient had complaints of low back pain that was radiating to right leg. Use of NSAIDs like Etodolac is medically appropriate and necessary to manage her pain. With this, it is deemed that Lodine 400mg #120 x 2 refills is medically necessary and appropriate for this patient.

