

Case Number:	CM15-0101714		
Date Assigned:	06/04/2015	Date of Injury:	12/12/2002
Decision Date:	07/02/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/27/2015

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
Certification(s)/Specialty: Emergency Medicine

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 61-year-old female, who sustained an industrial injury on December 12, 2002. The injured worker was diagnosed as having cervical spondylosis without myelopathy, chronic severe cervical and lumbar radicular pain with failed back syndrome, lumbosacral spondylosis without myelopathy, and long-term use of other high risk medications. Treatment to date has included lumbar fusion, facet injections, epidural injections, physical therapy, cervical fusions, TENS, and medication. Currently, the injured worker complains of chronic cervical and lumbar spinal pain. The Treating Physician's report dated April 10, 2015, noted the injured worker reported better analgesia with the modified regimen during the past several months, with the intensity of the pain rated at 7/10. The injured worker's urine drug screen (UDS) from the previous visit was noted to be consistent with the current medication regimen. The injured worker's current medications were listed as Skelaxin, Lidocaine patches, Lisinopril, Omeprazole, Amitriptyline, Baclofen, Esomeprazole, Hydroxyzine, Ibuprofen, Norco, Venlafaxine, Voltaren Gel, and Zanaflex. The treatment plan was noted to include medications prescribed and a urine drug screen (UDS) performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Ibuprofen 800mg is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker reported better analgesia with the modified regimen during the past several months, with the intensity of the pain rated at 7/10. The injured worker's urine drug screen (UDS) from the previous visit was noted to be consistent with the current medication regimen. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Ibuprofen 800mg, is not medically necessary.

Effexor (Venlafaxine) 37.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Pages 13-16 Page(s): 13-16.

Decision rationale: The requested Effexor (Venlafaxine) 37.5mg is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that Effexor is "FDA-approved for anxiety, depression, panic disorder and social phobias, with off label-use for fibromyalgia, neuropathic pain, and diabetic neuropathy." The injured worker reported better analgesia with the modified regimen during the past several months, with the intensity of the pain rated at 7/10. The injured worker's urine drug screen (UDS) from the previous visit was noted to be consistent with the current medication regimen. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Effexor (Venlafaxine) 37.5mg, is not medically necessary.

Lidoderm patch 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Pages 56-57 Page(s): 56-57.

Decision rationale: The requested Lidoderm patch 5%, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be 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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker reported better analgesia with the modified regimen during the past several months, with the intensity of the pain rated at 7/10. The injured worker's urine drug screen (UDS) from the previous visit was noted to be consistent with the current medication regimen. The treating physician has not documented objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Lidoderm patch 5%, is not medically necessary.