

Case Number:	CM15-0106724		
Date Assigned:	06/11/2015	Date of Injury:	08/12/2011
Decision Date:	08/26/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/03/2015

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: Preventive Medicine, Occupational 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 40 year old female, who sustained an industrial injury on August 12, 2011. The injured worker was diagnosed as having complex regional pain syndrome (CRPS) and chronic pain syndrome. Treatment to date has included CAT scan, magnetic resonance imaging (MRI), spinal cord stimulator and medication. A progress note dated May 7, 2015 provides the injured worker complains of headaches, neck pain radiating to shoulders, arms and hands with numbness, low back pain radiating down both legs to the feet with numbness and tingling. She rates the pain 5/10 with medication and 9/10 without medication. Physical exam notes hypersensitivity in bilateral upper and lower extremities, and allodynia of the lower extremities and tenderness on palpation of right foot. CAT scan and magnetic resonance imaging (MRI) studies were reviewed. The plan includes home exercise program (HEP), oral and topical medication and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 13, 25.

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

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of anti-depressant and anti-convulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of anti-depressants and anti-convulsants. Additionally, prior use of the medication did not provide significant pain relief. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidoderm 5% patch #30 is determined to not be medically necessary.

Senokot-S 50/8.6 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/senokot-s.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Section Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid-Induced Constipation Treatment Section.

Decision rationale: The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is noted be treated with opioid medications, and reports problems with constipation. Senakot is a stimulant laxative. In this case, prior treatment with Senakot did not relieve the injured workers constipation, therefore, the request for Senakot-S 50/8.6 mg #60 is determined to not be medically necessary.