

Case Number:	CM15-0108472		
Date Assigned:	06/15/2015	Date of Injury:	02/17/2000
Decision Date:	07/14/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, 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 60 year old female, who sustained an industrial injury on 02/17/2000. She has reported subsequent neck, bilateral upper extremity, low back, bilateral knee and head pain and was diagnosed with chronic pain syndrome, lumbar spine musculoligamentous strain, status post bilateral total knee replacements, residuals of cervical decompression and fusion of C5-C7 with severe disc degeneration above the fusion, cervical herniated nucleus pulposus and right carpal tunnel syndrome and tendonitis. Treatment to date has included oral pain medication, physiotherapy and surgery. In a progress note dated 04/06/2015, the injured worker complained of numbness of the bilateral arms, increased cervical spasm and pain, decreased ability to perform activities of daily living and limited range of motion. Objective findings were notable for positive Spurling's sign, trapezius and rhomboid tightness, decreased range of motion and spasm. No medical documentation was submitted that pertains to the current treatment request. A request for authorization of Ibuprofen and 2 boxes of Lidoderm patches was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Oxycodone the prior months and no pain scores were noted. The medical records do not indicate the specific request for Ibuprofen or substantiate its need. The request for Ibuprofen is not medically necessary.

Two (2) boxes of Lidoderm: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. The claimant had been on Oxycodone the prior months and no pain scores were noted. The medical records do not indicate the specific request for Lidoderm or substantiate its need. The request for 2 boxes of Lidoderm is not medically necessary.