

Case Number:	CM15-0166215		
Date Assigned:	09/03/2015	Date of Injury:	06/12/2014
Decision Date:	10/06/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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:

This 55 year old male sustained an industrial injury to the low back on 6-12-14. Previous treatment included physical therapy, epidural steroid injections and medications. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 6-17-15, the injured worker complained of worsening low back pain rated 6 out of 10 on the visual analog scale. The injured worker reported that Tramadol twice a day was helping him except that he was having constipation. The treatment plan included continuing Tramadol, Naproxen Sodium, Lidoderm patch and Nortriptyline, increasing Neurontin dosage and initiating Lactulose. In a PR-2 dated 7-14-15, the injured worker complained of worsening low back pain with radiation to bilateral lower extremities associated with spasms, stiffness and bilateral lower extremity paresthesias and weakness. Physical exam was remarkable for lumbar spine with tenderness to palpation, decreased range of motion and intact neuro-circulatory status. Current diagnoses included lumbar disc pathology, lumbar spine degenerative disc disease and lumbar spine radiculopathy. The treatment plan included continuing medications (Ultracet, Neurontin, Lidocaine patch and Lactulose).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5% #30 Refills 0 (prescribed 7/14/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The Lidocaine patch 5% #30 Refills 0 (prescribed 7/14/15) is not medically necessary and appropriate.

Lactulose 50mg #60, Refills 0 (prescribed 7/14/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pages 77, 88.

Decision rationale: Lactulose is a synthetic disaccharide in solution form for oral or rectal administration and is a colonic acidifier for treatment and prevention of portal-systemic encephalopathy, including the stages of hepatic pre-coma and coma not identified here. It is unclear how this medication would be prescribed for this patient with chronic injury. Submitted reports have not demonstrated clear clinical findings and diagnosis for this medication nor identified functional benefit from treatment already rendered. The Lactulose 50mg #60, Refills 0 (prescribed 7/14/15) is not medically necessary and appropriate.