MAXIMUS Federal Services

| Case Number: | CM15-0189017 | | |
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| Date Assigned: | 10/01/2015 | Date of Injury: | 06/21/2005 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

## 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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 51 year old male, who sustained an industrial injury on 6-21-2005. The medical records did not include documentation regarding the initial injury. Diagnoses include lumbar spondylosis. Treatments to date include NSAID and physical therapy. Currently, he complained of ongoing low back pain. Pain was rated 5 out of 10 VAS. On 8-27-15, the physical examination documented tenderness over the lumbar facet joints with a positive facet-loading test. The plan of care included medication therapy while pending an epidural steroid injection. The appeal requested authorization for Lidocaine 5% patch #30 with one-refill and Ibuprofen 400mg tablets, #20 with 20 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% pad, Qty 30 with 1 refill, 10 day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

**Decision rationale:** The MTUS Guidelines support the use of topical lidocaine in treating localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for initial treatment of chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation indicated the worker was experiencing lower back pain. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no discussion indicating the worker had failed first line treatments or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty topical lidocaine 5% patches (a ten-day supply) with one refill is not medically necessary.

**Ibuprofen tab 400 mg Qty 20 with 0 refills, 20 day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Motrin (ibuprofen) is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing lower back pain. The submitted recorded pain assessments contained few of the elements suggested by the Guidelines. There was no documentation describing the worker's gastrointestinal and heart risks or results of laboratory monitoring tests. The Guidelines stress the importance of on-going monitoring of both the benefits and risks of this medication, and long-term use carries increasing risks. However, treating provider notes in the past suggested the worker had a significant and serious kidney problem due to ibuprofen, which is a known potential complication from this treatment. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for twenty tablets of ibuprofen 400mg (a twenty-day supply) is not medically necessary.