

Case Number:	CM15-0196503		
Date Assigned:	10/12/2015	Date of Injury:	06/26/2009
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 06-26-2009. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic pain syndrome, lumbar intervertebral disc displacement without myelopathy, and disorder of the sacrum. Medical records (06-19-2015 to 09-18-2015) indicate increasing low back pain and tailbone pain. Pain levels were 4 out of 10 on a visual analog scale (VAS) on 06-19-2015, and 7 out of 10 on 09-18-2015. Records also indicate no changes in activity level or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work. The physical exam, dated 09-18-2015, revealed local tenderness in the lumbar and sacral areas. Relevant treatments have included work restrictions, and pain medications (ibuprofen since 03-2015 and Lidocaine pads since 01-2014). The request for authorization (09-22-2015) shows that the following medications were requested: ibuprofen 600mg (30 day supply) #90 with 1 refill (Rx date 09-18-2015), and Lidocaine pad 5% (15 day supply) #30 with 5 refills. The original utilization review (09-25-2015) non-certified the request for ibuprofen 600mg (30 day supply) #90 with 1 refill (Rx date 09-18-2015), and Lidocaine pad 5% (15 day supply) #30 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen Tab 600 MG 30 Day Supply Qty 90 with 1 Refill Rx Date 9/18/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in June 2009. She had a recent injury when she slipped and fell while working in a department store falling backwards and landing on her back. She has a history of chronic back pain and had increased pain and had left ankle swelling. In June 2015 she was having difficulty tolerating prolonged driving due to back and tailbone pain. Lidoderm and ibuprofen were being prescribed. When seen in September 2015, medications were helping with symptom management while working during the day. Physical examination findings included a normal body mass index. There was a local lumbar and sacroiliac tenderness. Ibuprofen and Lidoderm were refilled. The ibuprofen dosing was 600 mg three times per day. The claimant was continuing to work. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations and medically necessary.

Lidocaine Pad 5 Percent 15 Day Supply Qty 30 with 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: The claimant sustained a work injury in June 2009. She had a recent injury when she slipped and fell while working in a department store falling backwards and landing on her back. She has a history of chronic back pain and had increased pain and had left ankle swelling. In June 2015 she was having difficulty tolerating prolonged driving due to back and tailbone pain. Lidoderm and ibuprofen were being prescribed. When seen in September 2015, medications were helping with symptom management while working during the day. Physical examination findings included a normal body mass index. There was a local lumbar and sacroiliac tenderness. Ibuprofen and Lidoderm were refilled. The ibuprofen dosing was 600 mg three times per day. The claimant was continuing to work. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there are other topical treatments that could be considered. The claimant does not have neuropathic pain. Lidoderm is not considered medically necessary.