

Case Number:	CM15-0200024		
Date Assigned:	10/15/2015	Date of Injury:	05/28/2002
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/12/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 year old female, who sustained an industrial injury on 5-28-2002. The injured worker is undergoing treatment for: lumbar facet arthropathy, lumbar sprain and strain, cervical facet arthropathy, cervical radiculitis. On 9-17-15, she reported neck, and arm pain. She indicated her symptoms were the same and rated her pain 5 out of 10 as typical and worst as 8 out of 10. On examination she is noted to have palpable muscle spasms, limited range of motion, and positive spurlings testing. On 9-23-15, she reported pain to the low back, neck and left shoulder. She rated her pain 6 out of 10 for the neck, 8 out of 10 for the low back, and 9 out of 10 for her left arm and hand. She indicated her pain to be intermittent and increased with activity. Physical findings revealed blood pressure of 135 over 84, normal gait, tenderness in the lumbar paraspinals muscles, decreased lumbar range of motion, negative straight leg raise testing bilaterally. The records do not discussion pain reduction with the use of Ibuprofen or lidocaine patches. There is no discussion of her current functional status. The treatment and diagnostic testing to date has included: controlled substance agreement (4-22-15), medications, right knee magnetic resonance imaging (8-30-11), electrodiagnostic studies (8-31-11), CURES (3-31-15) reported as information not complete. Medications have included: ibuprofen, lidocaine patches, gabapentin, lyrica, Cymbalta, norco, nortriptylines. The records indicate she has been utilizing Ibuprofen since at least April 2015, possibly longer; and lidocaine patches since at least May 2015, possibly longer. She is reported as unable to tolerate Lyrica, Cymbalta and Nortriptyline. Current work status: permanent and stationary. The request for authorization is for: 60 tablets of Ibuprofen 600mg, and 60 Lidocaine 5 percent patches with 5 refills. The UR

dated 10-2-2015: non-certified the request for 60 tablets of Ibuprofen 600mg, and 60 Lidocaine 5 percent patches with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA/MTUS Chronic Pain Medical Treatment Guidelines, page 67, NSAIDs, specific recommendations are for "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX- 2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008)" There is insufficient evidence to support functional improvement on Ibuprofen or osteoarthritis to warrant usage. Therefore the determination is not medically necessary.

Lidocaine 5% patches #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding Lidocaine, may be 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). This 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 the exam note from 9/23/15 demonstrates there is no evidence of a diagnosis of post-herpetic neuralgia. Therefore the request is not medically necessary and non-certified.