

Case Number:	CM15-0201946		
Date Assigned:	10/16/2015	Date of Injury:	12/16/2014
Decision Date:	12/03/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/14/2015

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 51 year old female, who sustained an industrial injury on 12-16-14. The documentation on 7-2-15 noted that the injured worker has complaints of knee and low back pain. The documentation noted there was no change in symptoms or new symptoms on the visit. The injured workers pain increases with activity. The diagnoses have included chondromalacia knee patella and lumbar sprain and strain. Treatment to date has included transcutaneous electrical nerve stimulation unit was helpful with pain control; physical therapy; omeprazole; cyclobenzaprine; ibuprofen; fenoprofen discontinued due to side effects of nausea and home exercise program. Lumbar spine magnetic resonance imaging (MRI) on 6-12-15 revealed disc herniation at L5-S1 (sacroiliac) and transitional vertebral segment is noted. The original utilization review (9-28-15) non-certified the request for ibuprofen 800mg take 1 by mouth twice a day as needed #60 and lidopro 121mg #1. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg take 1 PO BID PRN #60: 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, 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)" In this case after review of the medical records from 7/2/15 there is insufficient evidence to support functional improvement on Ibuprofen or osteoarthritis to warrant usage. Therefore the determination is non-certification. The request is not medically necessary.

Lidopro 121mg#1: 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).

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 7/2/15 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Additionally this patient does not have a diagnosis of post-herpetic neuralgia or neuropathic pain. Therefore the request is not medically necessary and non-certified.