

Case Number:	CM15-0206256		
Date Assigned:	10/23/2015	Date of Injury:	08/08/2003
Decision Date:	12/10/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of August 8, 2003. In a Utilization Review report dated October 20, 2015, the claims administrator failed to approve requests for Motrin and Lidoderm patches. The claims administrator referenced an October 5, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On October 5, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, 8/10. Ancillary complaints of hip pain were reported. The applicant's medications included Tylenol, Motrin, Prilosec, and Lidoderm patches, it was reported. The note was somewhat difficult to follow as it mingled historical issues with current issues. The applicant contended that her medications were reducing her pain scores by 30% to 40%, it was stated in another section of the note. The attending provider acknowledged that the applicant could consider introduction of Neurontin or Cymbalta at a later point. Tylenol, Motrin, and Lidoderm were ultimately renewed. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working with permanent limitations in place. On September 28, 2015, the applicant was placed off of work, on total temporary disability, for 4 weeks. The applicant's medication list included Biofreeze gel, Tylenol, Motrin, Prilosec, and Lidoderm, it was reported at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen: Upheld

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 General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for ibuprofen (Motrin), anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen (Motrin) do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing Motrin usage, the treating provider reported, Pain complaints as high as 8/10 were evident on office visits of October 5, 2015 and September 28, 2015. The applicant reported difficulty performing activities of daily living as basic as standing and walking, the treating provider stated on September 28, 2015, despite ongoing Motrin usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Motrin (ibuprofen). Therefore, the request for is not medically necessary.

Lidoderm patches: 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): Topical Analgesics.

Decision rationale: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there have been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the attending provider acknowledged on September 26, 2015 that the applicant had not in fact tried antidepressant adjuvant medications or anticonvulsant adjuvant medications such as Cymbalta or Neurontin, prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request is not medically necessary.