

Case Number:	CM15-0037914		
Date Assigned:	03/06/2015	Date of Injury:	03/26/2012
Decision Date:	04/16/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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 58-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 26, 2012. In a Utilization Review Report dated February 13, 2015, the claims administrator failed to approve requests for topical diclofenac, Percocet, and lidocaine ointment. The claims administrator referenced a January 30, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On September 23, 2014, the applicant reported persistent complaints of low back pain. The applicant was placed off of work, on total temporary disability, for two months. On July 14, 2014, the applicant was again placed off of work, on total temporary disability. Lumbar radiofrequency ablation procedure was proposed. The applicant's medications included Norco, oxycodone, Pepcid, and Soma. On September 19, 2014, the applicant was again described as using Norco, oxycodone, Pepcid, and Soma. Severe pain complaints limiting the applicant's daily activities and overall level of function were reported. The applicant was not working. The applicant exhibited a very slow and visibly antalgic gait, it was acknowledged. In a Medical-legal Evaluation dated November 6, 2014, the applicant was again described as off of work owing to a primary complaint of low back pain. The applicant was in the process of applying for Social Security Disability Insurance (SSDI), it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 1.5% #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: No, the request for topical diclofenac was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here is the low back. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the attending provider did not furnish a clear or compelling applicant-specific rationale, which would support usage of diclofenac for the low back in the face of seemingly unfavorable MTUS position on such usage. The applicant's low back and hip pain appear to represent widespread regions, which were not easily amenable to topical application it was further noted. Therefore, the request was not medically necessary.

Oxycodone-acet 10/325/mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chapter 7 - When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for oxycodone-acetaminophen (Percocet), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, throughout 2014. The applicant continued to report severe pain complaints. The applicant acknowledged that pain complaints were interfering with all aspects of day-to-day functionality. All of the foregoing, taken together, did not make a compelling case for continuation of Percocet. Therefore, the request was not medically necessary.

Lidocaine 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: Finally, the request for topical Lidoderm patches was 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/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, there was no mention of the applicant having failed first-line oral antidepressant adjuvant medications and/or oral anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request was not medically necessary.