

Case Number:	CM15-0038040		
Date Assigned:	03/06/2015	Date of Injury:	05/19/2003
Decision Date:	04/13/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67-year-old female who reported an injury on 05/19/2003. The mechanism of injury was not stated. The current diagnoses include lumbar facet arthralgia, lumbar disc injury, and left greater trochanteric bursitis. The injured worker presented on 02/02/2015 with complaints of persistent left hip and buttock pain. The injured worker was utilizing ibuprofen and Lidoderm patch with good relief; however, the injured worker reported increasing gastritis with the use of ibuprofen. Upon examination, there was moderate pain at the left L4 through S1 segments, right sacroiliac joint pain, positive Kemp's sign, moderate to severe pain with range of motion, positive faber sign, positive Gaenslen's maneuver, and negative femoral thrust sign. X-rays of the left hip obtained in the office revealed normal findings. Recommendations included continuation of Lidoderm 5% patch and initiation of Zorvolex 28 mg. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. Guidelines do not support long term use of NSAIDs. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

Lidoderm patch #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines recommend lidocaine for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. In this case, there was no documentation of objective functional improvement despite the ongoing use of this medication. While it is noted that the injured worker has failed neuropathic pain medication such as gabapentin and Lyrica, as well as antidepressants, there is no objective evidence of functional improvement. There is also no strength or frequency listed in the request. As such, the request is not medically appropriate.