

Case Number:	CM15-0041905		
Date Assigned:	03/12/2015	Date of Injury:	09/02/2011
Decision Date:	04/21/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/05/2015

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, Hawaii
 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:

This 43-year-old male sustained an industrial injury to the low back on 9/2/11. Previous treatment included magnetic resonance imaging, physical therapy, psychology evaluation, facet joint injections, biofeedback, trigger point injections and medications. In a PR-2 dated 2/18/15, the injured worker complained of ongoing low back pain. The injured worker reported partial pain relief with current medications. The physician noted that injured worker had not yet completed a course of behavioral medicine. Current diagnoses included chronic low back pain secondary to degenerative spondylosis, chronic pain disorder associated with psychological factors, diabetes mellitus, hypertension and hyperlipidemia. The treatment plan included a behavioral medicine consultation for evaluation and treatment of affective and emotional pain component and continuing medications (Norco, Flexeril, Ibuprofen and Lidoderm patches).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch Page(s): 56-7.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Lidoderm Patches #30. The treating physician states, "His current analgesic medicines help him maximize his level of physical function and improve his quality of life. Needs pain meds: Lidoderm Patch (26B) The MTUS guidelines state, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." In this case, the medical records provided have not documented a trial of a first line therapy and that this patch will be used to treat localized peripheral neuropathic pain. The current request is not medically necessary and the recommendation is for denial.

Ibuprofen 800mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Ibuprofen 800mg #100. The treating physician states, "His current analgesic medicines help him maximize his level of physical function and improve his quality of life. Needs pain meds: Ibuprofen". (26B) The MTUS guidelines state, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain". In this case, the treating physician has been prescribing this medication to the patient only since December 2014. The physician also documents that the medication helps decrease the patient's pain and helps improve their ability to function as required in the MTUS on page 60. The current request is medically necessary and the recommendation is for authorization.