

Case Number:	CM15-0046879		
Date Assigned:	03/19/2015	Date of Injury:	06/09/2002
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/12/2015

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
 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 66-year-old female, who sustained an industrial injury on June 9, 2002. She reported neck, low back, right shoulder and right knee pain. The injured worker was diagnosed as having internal derangement of the knee on the right status post meniscectomy, impingement syndrome of the shoulder on the right status post decompression, discogenic lumbar condition with facet inflammation status post injection, discogenic cervical condition with facet inflammation and due to chronic pain and activity she has an element of weight gain, sleep, stress and depression. Treatment to date has included injection, surgery, knee brace, TENS unit, hot and cold wrap and medications. On March 25, 2015, the injured worker complained of persistent pain along the neck and low back, especially to the lateral, midline and the low back. She also has pain along the right shoulder and right knee. The cold weather was noted to make symptoms worse. She has stiffness and muscle spasm. She reported difficulty with prolonged standing and walking. The treatment plan included TENS unit, urine drug screen and medications.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-chronic pain procedure summary criteria.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with neck, low back, right shoulder and right knee pain. The request is for LIDODERM PATCHES #30. The request for authorization is not provided. She has stiffness and muscle spasm. She has difficulty with prolonged standing and walking. She has no help with chores, so she does some mopping, dusting, sweeping as well as cooking and shopping. The patient is on modified work duty. MTUS guidelines page 57 states, "topical 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches be indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater does not specifically discuss this medication. In this case, there is no documentation of how Lidoderm patch is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medication is used for chronic pain. Furthermore, Lidoderm patches are indicated for localized peripheral pain, which the treater does not document, and is not indicated for neck, back or knee conditions. Therefore, the request IS NOT medically necessary.

Nalfon 400 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The patient presents with neck, low back, right shoulder and right knee pain. The request is for NALFON 400MG #60. The request for authorization is not provided. She has stiffness and muscle spasm. She has difficulty with prolonged standing and walking. She has no help with chores, so she does some mopping, dusting, sweeping as well as cooking and shopping. The patient is on modified work duty. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain

and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. Per progress, report dated, 09/10/14, treater states, "pain medications gave her 50% reduction in pain." Given patient's continued pain and documentation of benefit, the request for Nalfon appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.