

Case Number:	CM15-0057045		
Date Assigned:	04/01/2015	Date of Injury:	10/21/1999
Decision Date:	05/06/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/25/2015

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: Family Practice

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 58-year-old female who sustained an industrial injury on 10/21/1999. Diagnosis is lumbar post laminectomy syndrome. The injured worker takes medication for pain. A physician progress note dated 03/06/2015 documents the injured worker complains of low back and bilateral lower extremity pain, neuropathic low back pain. Her pain level with medications is rated a 7 out of 10, and without medications her pain is a 9 out of 10. The injured worker has an antalgic gait and has difficulty with transfers for sitting to standing. She has decreased lumbar range of motion. Treatment requested is for Ibuprofen 800mg #90 with one refill and Lidoderm 5% patches #30 with one refill. The medical records note that the injured worker has a spinal cord stimulator in place and is working full time. Her treatment regimen also consists of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21-22.

Decision rationale: According to the MTUS guidelines, anti-inflammatories 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. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time. The medical records also indicate that she has a spinal cord stimulator in place and is currently working full duty. Given the gastrointestinal and cardiovascular risk associated with long-term non-steroidal anti-inflammatory medication usage, the request for Ibuprofen would not be supported. The request for Ibuprofen 800mg #90 with one refill is not medically necessary and appropriate.

Lidoderm 5% patches #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm Patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: As noted in the MTUS guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy including tricyclic or SNRI antidepressants, or drugs such as gabapentin or Lyrica. In this case, the medical records do not establish that the injured worker has had a trial of first-line therapy such as antidepressants, gabapentin, or Lyrica. The request for Lidoderm 5% patches #30 with one refill is not medically necessary and appropriate.