

Case Number:	CM15-0080676		
Date Assigned:	05/01/2015	Date of Injury:	08/15/1996
Decision Date:	06/01/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 66-year-old female, who sustained an industrial injury on August 15, 1996. She has reported back pain and leg pain. Diagnoses have included degeneration of lumbar intervertebral disc, lumbar spine stenosis, and lumbar spine spondylosis. Treatment to date has included medications and epidural steroid injection. A progress note dated February 5, 2015 indicates a chief complaint of increasing back pain and leg pain. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Lidoderm 5% (700 mg/patch) adhesive patch, apply one patch everyday by transdermal route as needed for 30 days, Qty: 30 patches, refills: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

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

Decision rationale: According to MTUS guidelines, “Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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.” In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription for o2 Lidoderm 5% (700 mg/patch) adhesive patch, apply one patch everyday by transdermal route as needed for 30 days, Qty: 30 patches, refills: 5 is not medically necessary.

Etodolac 400mg tablet, take one tablet twice a day by oral route as needed for 30 days, Qty: 60 tablets, Refills: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-70 of 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Etodolac (Lodine½, Lodine XL½). <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, “See NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function; & NSAIDs, specific drug list & adverse effects for general guidelines, as well as specific Etodolac (Lodine, Lodine XL) listing for more information and references. A large systematic review of available evidence on NSAIDs confirms that naproxen and low-dose ibuprofen are least likely to increase cardiovascular risk. Etodolac in the unpaired analyses had a risk profile similar to that of rofecoxib, but the pair-wise analyses are likely to be less confounded, and these analyses showed etodolac to be similar to two low risk drugs, ibuprofen and naproxen. (McGettigan, 2011).” There is no documentation that the patient failed first line NSAIDs. There is no documentation of the safety and efficacy of previous use of NSAIDs. There is no documentation that the patient used Etodolac for the lowest dose and shortest period of time. Therefore, the request for Etodolac 400mg tablet, take one tablet twice a day by oral route as needed for 30 days, Qty: 60 tablets, Refills: 5 is not medically necessary.