

Case Number:	CM14-0119153		
Date Assigned:	08/06/2014	Date of Injury:	02/03/1989
Decision Date:	09/19/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

51 year old male claimant sustained a work injury on 2/3/89 involving the neck and low back. He was diagnosed with lumbar and cervical radiculitis. He had a herniated nucleus pulposus of the L4-L5 and L5-S1 region. His pain had been managed with opioids and NSAIDs. He had undergone physical therapy. A pain management progress note on 5/7/14 indicated the claimant had a positive straight leg raise, decreased sensation in the posterior thighs, myofascial trigger points and 2/10 pain with medication. The claimant had " GI upset " with medications and takes Maalox or Pepto Bismol. The treating physician continued Celebrex and Percocet for pain. Lidoderm % was used topically for pain relief. Prilosec was provided for GI symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back

pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Percocet for over 8 months. They had been combined with NSAIDs. There was no indication of failure on NSAID or Tylenol alone. The continued use of Percocet is not medically necessary.

Lidoderm 5% Patches #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. The use of Lidocaine 5 % is not medically necessary.