

Case Number:	CM14-0145222		
Date Assigned:	09/12/2014	Date of Injury:	10/18/2010
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

The injured worker is a 36-year-old female who reported an injury on 10/18/2010. The mechanism of injury was not stated. The current diagnoses include lumbar radiculopathy, lumbar facet syndrome, and hip bursitis. Previous conservative treatment is noted to include physical therapy, medications, a lumbar epidural steroid injection, a lumbar radiofrequency ablation, and chiropractic treatment. The injured worker was evaluated on 08/08/2014 with complaints of lower back pain, poor sleep quality, and activity limitation. The current medication regimen includes Nucynta 50 mg, Neurontin 300 mg, Lidoderm 5% patch, and Naprosyn 500 mg. The physical examination revealed limited lumbar range of motion, paravertebral muscle hypertonicity and spasm, tenderness to palpation, sacroiliac tenderness, positive facet loading maneuver on the right, intact sensation, and normal deep tendon reflexes. Treatment recommendations included continuation of the current medication regimen. A request for authorization form was then submitted on 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lidoderm 5% Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy. There is no documentation of a failure to respond to first line treatment. It is also noted that the injured worker has continuously utilized this medication since 05/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Neurontin 300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state Neurontin is recommended for neuropathic pain. As per the documentation submitted, the injured worker has continuously utilized this medication since 05/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Nucynta 50mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Tapentadol (Nucynta).

Decision rationale: The Official Disability Guidelines recommend Nucynta only as a second line option for patients who develop intolerable adverse effects with first line opioids. Therefore, the injured worker does not meet criteria for the requested medication as there is no evidence of intolerable adverse effects with first line opioid medication. There is also no frequency listed in the request. The injured worker has also utilized this medication since 05/2014 without any evidence of objective functional improvement. As such, the request is not medically appropriate.