

Case Number:	CM14-0163645		
Date Assigned:	10/08/2014	Date of Injury:	01/21/2013
Decision Date:	11/13/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/05/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 21, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; multiple interventional spine procedures involving the lumbar spine; trigger point injections; a cane; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for Duexis, denied a request for Lidoderm patches, and approved a request for Lyrica. The applicant's attorney subsequently appealed. In a September 30, 2014 progress note, the applicant reported 8/10 low back pain radiating to the right thigh and 8/10 neck pain radiating to the bilateral arms. The applicant was using Ambien, Duexis, Lidoderm, Pamelor, tramadol, Vicodin, and topical Voltaren, it was acknowledged. Epidural steroid injection therapy was endorsed while the applicant was kept off of work, on total temporary disability. In an earlier note dated August 19, 2014, the applicant again reported 7-8/10 neck and low back pain. The applicant was again placed off of work, on total temporary disability. Additional aquatic therapy was sought. The applicant was asked to pursue a TENS unit and additional epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs , GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69 7.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as famotidine are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no explicit mention of issues with reflux, heartburn, and/or dyspepsia in either of the progress notes referenced above. No clear rationale for selection of Duexis was proffered. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability. Ongoing usage of Duexis has failed to curtail the applicant's dependence on opioid agents, including tramadol and Vicodin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Duexis. Therefore, the request is not medically necessary.

Lidoderm patches 5% #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant's ongoing usage of Lyrica, an anticonvulsant adjuvant medication, and Pamelor, an antidepressant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.