

Case Number:	CM14-0203960		
Date Assigned:	12/12/2014	Date of Injury:	05/08/2007
Decision Date:	02/11/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/05/2014

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 Physical Medicine Rehab 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 patient is a 50 year old male with date of injury 5/8/07, sustained while unloading a box of tools off the top shelf when the box broke, resulting in tools, such as hammers and saws, falling on him. The treating physician report dated 10/14/14 (157) indicates that the patient presents with pain affecting the low back. The patient complains of constant low back pain with radiation into the bilateral lower extremities as well as left knee pain. The physical examination findings reveal moderate lumbar paraspinal muscle tenderness to palpation and decreased range of motion of the lumbar spine in all planes. Lower extremity exam reveals moderate atrophy of the left lower leg with patchy areas of absent sensation. Neurologic testing reveals weakness in the left leg limited by pain. Prior treatment history includes an epidural steroid injection at the L3-4 and L4-5 levels, aquatic therapy, physical therapy, psychiatric consultation, status post spinal cord stimulator placement (Feb 2011), EMG studies of lower and upper extremities, and prescribed medications. Current medications include Naprosyn and Lidocaine cream. Patient reports sensitivity to general anesthesia resulting in vomiting, cortisone resulting in dizziness, and narcotic medications resulting in vomiting and dizziness. MRI testing of the lumbar spine showed evidence of lumbar spinal stenosis at the L3-4 and L4-5 levels. The current diagnoses are: 1. Lumbar spinal stenosis 2. Lumbar spondylosis 3. Lumbar degenerative disc disease 4. Lumbar radiculopathy 5. History of CRPS involving the left knee The utilization review report dated 11/19/14 denied the request for 1 prescription of Naprosyn 500mg #60 with 2 refills, and 1 prescription of compounded Lidoderm 5% cream #120grams based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Naprosyn 500mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen; Nonselective NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: The patient presents with pain affecting the low back with radiation into bilateral lower extremities. The current request is for 1 prescription of Naprosyn 500mg #60 with 2 refills. The treating physician report dated 10/14/14 states that the patient continues to complain of constant low back pain rated a 7/10, and notes that the patient has been without Naprosyn for over a week. Reports provided show the patient has been taking Naprosyn since at least 01/14/14. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, review of the reports does not show documentation of functional benefit or pain reduction from the use of Naprosyn. Medication efficacy is not discussed in any of the reports provided. There is insufficient documentation and therefore the current request does not satisfy MTUS guidelines as outlined on page 60. Therefore, the request is not medically necessary.

1 prescription of compounded Lidoderm 5% cream #120grams: Upheld

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

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

Decision rationale: The patient presents with pain affecting the low back with radiation into bilateral lower extremities. The current request is for 1 prescription of compounded Lidoderm 5% cream #120grams. The treating physician report dated 10/14/14 states that the patient uses compounded Lidocaine 5% cream with good results. MTUS guidelines regarding topical lidocaine states, "in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." In this case, even though the patient has reported an improvement in symptoms from the use of this medication, the MTUS guidelines do not recommend the use of Lidoderm in a cream formulation, as outlined on page 112. Therefore, the request is not medically necessary.