

Case Number:	CM14-0216971		
Date Assigned:	01/06/2015	Date of Injury:	09/08/1999
Decision Date:	02/28/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female injured worker suffered an industrial injury on 9/8/1999 when a heavy industrial table fell on the injured worker's heels trapping her feet to the floor. She complained of back pain and right buttock/leg pain. The specific details of the injuries and treatments were not included in the documentation provided. Some of the prior treatments included medications, physical therapy and acupuncture. The current diagnoses included lumbago, mononeuritis of the leg, and backache. The provider visit on 11/18/2014 described that the injured worker was walking 3 to 4 times a week for 30 minutes, swimming and utilized medications, all of which increased her ability to perform activities of daily living. Also, this regime reduced her pain from 8-9/10 without medications to 5/10 with medications per the injured worker. The provider observed that the injured worker had a normal gait but slow mobility. The UR decision on 11/28/2014: 1. Modified the request of Lodine 400mg with 2 refills to certification of 1 prescription up to 80 tablets and 1 refill as this medications should be utilized for the lowest effective dose for the shortest period of time . 2. Modified the request for Soma 350mg to a certification of 1 prescription up to 100 tablets. 3. Non-certification of Lidoderm patches with 2 refills as this medication was not recommended for chronic long term use for chronic neuropathic pain disorders. The recent exam 12/2/2014 revealed no evidence of neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57,112.

Decision rationale: According to the 11/18/2014 report, this patient presents with low back pain radiating down the right leg and feet. The current request is for 1 prescription of Lidoderm Patch 5 % with 2 refills. This patch was first mentioned in 08/29/2013 report. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the provided reports show the patient has lumbar neuropathic pain but this is not a localized condition. Lidoderm is not indicated for axial spinal pains. Therefore, the request is not medically necessary.

Lodine 400mg with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs, Anti-inflammatory medications, and Medications for chron.

Decision rationale: According to the 11/18/2014 report, this patient presents with low back pain radiating down the right leg and feet. The current request is for 1 prescription of Lodine 400mg with 2 refills. The MTUS Guidelines page 22 reveal the following regarding NSAIDs, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Review of the provided reports show the patient has been prescribed Lodine since 08/29/2013 and it is unknown exactly when the patient initially started taking this medication. The treater indicates that the patient's pain is an 8-9/10, with medications the pain comes down to a 5/10. In this case, the patient has chronic low back pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request is medically necessary.

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to the 11/18/2014 report, this patient presents with low back pain radiating down the right leg and feet. The current request is for 1 prescription of Soma 350mg. For muscle relaxants for pain, the MTUS Guidelines page 63 state; recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement. A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer than the recommended 2-3 weeks. The treating physician is requesting Soma and this medication were first noted in the 08/29/2013 report. Soma is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.