

Case Number:	CM15-0111442		
Date Assigned:	06/22/2015	Date of Injury:	09/18/2003
Decision Date:	07/29/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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 injured worker is a 54 year old female who sustained an industrial injury on 9/18/03. Diagnoses are lumbar post-laminectomy syndrome, chronic neuropathic pain secondary to post-laminectomy syndrome, lumbar degenerative disc disease at L4-L5 and L5-S1 and chronic pain related anxiety and depression. In a progress report dated 2/26/15, a treating physician notes her primary complaints are of axial spine pain with lower extremity parasthesias. Pain level is rated at a 2 out of 10. Spinal exam reveals bilateral lower lumbar paraspinal tenderness and decreased range of motion secondary to post-laminectomy. In a progress report dated 4/24/15, a treating physician notes she has noted improved sleep as well as functional activities of daily living with her current medication regimen and she is able to do light household chores. She does have complaints of moderate stiffness. The treatment plan is continue on Duragesic 100 mcg transdermal patch every 72 hours, Fioricet with Codeine one tablet every 6 hours, Tizanidine 2 mg at night as needed, and Lidoderm 5 % transdermal patch every 12 hours to the lower lumbar paraspinals and continue home exercises. Work status is that she is currently retired. The requested treatment is Lidoderm 5% Transdermal Patch and Fioricet with Codeine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Transdermal patch: 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 Medications, Pages 111- 113. Decision based on Non-MTUS Citation ODG, Pain, Lidoderm (Lidocaine patch), page 751.

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The Lidoderm 5% Transdermal patch is not medically necessary and appropriate.

Fioricet w/ codeine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butalbital, page 23.

Decision rationale: Fioricet containing Butalbital, a barbiturate, is indicated for the relief of the symptom complex of tension headache. The compound consists of a fixed combination of butalbital, acetaminophen and caffeine. Evidence supporting the efficacy and safety of this combination product in the treatment of multiple recurrent headaches is unavailable. Caution in this regard is required because butalbital is habit-forming and potentially abusable. Evidence based guidelines support treatment regimen upon clear documented medical necessity with demonstrated symptom complaints, clinical findings, and specific diagnoses along with identified functional benefit from treatment previously rendered towards a functional restoration approach to alleviate or resolve the injury in question. Submitted reports have not identified any such illness or disease process, in this case, of complex tension headaches, severe acute flare, new injury, or change in chronic musculoligamentous pain presentation to support for this barbiturate. The Fioricet w/ codeine is not medically necessary and appropriate.