

Case Number:	CM15-0113502		
Date Assigned:	06/19/2015	Date of Injury:	09/06/2006
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/12/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on 9/6/2006. Diagnoses have included lumbar spine sprain/strain, post-laminectomy syndrome, lumbosacral disc injury and myofascial pain syndrome. Treatment to date has included low back surgery, exercise and medication. According to the progress report dated 4/28/2015, the injured worker complained of pain and discomfort in the low back and left leg. Physical exam revealed decreased lumbosacral range of motion. There was positive straight leg raising test of the legs. It was noted that the injured worker had a sensitive stomach and could not use oral non-steroidal anti-inflammatory drugs. The injured worker had been using Lidoderm patches and Ketoprofen cream. Authorization was requested for Lidoderm patches and Flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch (unknown quantity and strength): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111, 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant had been on topical Ketoprofen previously in combination with Lidoderm. Use of multiple topical analgesics is also not indicated. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.

Flurbiprofen (unknown quantity and strength): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been offered topical analgesics due to GI upset with oral analgesics. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain scales were not routinely documented. The request for Flurbiprofen is not medically necessary.