

Case Number:	CM15-0119554		
Date Assigned:	06/30/2015	Date of Injury:	06/28/2012
Decision Date:	07/29/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/22/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 60 year old female, who sustained an industrial injury on 6/28/12. The injured worker has complaints of low back pain that radiates down the bilateral lower extremities left greater than right. The documentation noted that the pain radiates to the left foot and is accompanied by numbness, tingling and it goes to the left lower extremity to the low back and to the gluteal area and thigh. The documentation noted that the injured worker has lower extremity pain and the pain is bilaterally in the hips and in the knees. The documentation noted tenderness upon palpation in the spinal vertebral area L5-S1 (sacroiliac) level and range of motion of the lumbar spine was moderately limited secondary to pain. Sensory exam showed decreased sensitivity to touch along the L5-S1 (sacroiliac) dermatome in the left lower extremity. Straight leg raise in the seated position was positive on the left for radicular pain at 70 degrees. The lower extremity examination noted tenderness on palpation at the bilateral knees and mild swelling in the bilateral knees. The diagnoses have included chronic pain other; lumbar radiculopathy; bilateral knee pain; osteoarthritis of the bilateral knees and depression. Treatment to date has included electromyography/nerve conduction study on 8/27/13; magnetic resonance imaging (MRI) of the lumbosacral spine on 8/5/13; lidocaine patch; mobic; omeprazole and norco. The request was for mobic 15mg quantity 90 and lidoderm 5 percent patch quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs non steroidal anti inflammatory drugs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic).

Decision rationale: According to MTUS guidelines, Mobic (Meloxicam) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. There is no documentation that the patient is suffering of osteoarthritis pain. Furthermore and according to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Mobic is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of her pain. There is no documentation that the provider recommended the lowest dose of the medication for the shortest period of time. In addition, according to the patient's medical records, it has been noted that the patient has NSAID intolerance. Therefore, the prescription of Mobic 15mg #90 is not medically necessary.

Lidoderm 5% patch, Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics Page(s): 56-57; 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be 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". In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patches #90 is not medically necessary.