

Case Number:	CM15-0121746		
Date Assigned:	07/10/2015	Date of Injury:	02/23/2010
Decision Date:	08/06/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/24/2015

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 50 year old female, who sustained an industrial injury on 2/23/10. Initial complaint was back pain. The injured worker was diagnosed as having; lumbar facet arthropathy; lumbar radiculopathy; lumbar spondylolisthesis; L4-5 anterolisthesis; right knee pain; chronic pain. Treatment to date has included physical therapy; TENS unit; home exercise program; lumbar transforaminal epidural steroid injection bilateral L5-S1 (3/6/12); facet medial branch nerve blocks at bilateral L3, L4, L5 (3/19/13; 1/6/15); urine drug screening; medications. Diagnostics studies included MRI lumbar spine (7/6/10; 8/28/14). Currently, the PR-2 notes dated 1/26/15 indicated the injured worker contuse to work her duties although she self-modifies as much as she is able. She underwent an epidural steroid injection on 1/6/15, which provided some benefit. She states that she has persistent symptomology. She complains of continued constant neck pain, increasing on movement radiating to the upper extremities. Her pain increases on activities of repetitive flexion, in addition to pushing and pulling activities. She related constant right shoulder and right elbow pain as well as intermittent right wrist pain. She occasionally will has left wrist pain. She has constant low back pain, radiating to the lower extremities with the right greater than the left. He pain is increased with activities of heavy lifting, sitting, standing, walking, bending, twisting, pushing, and pulling. Examination of the lumbar spine reveals no gross abnormalities. There is tenderness to palpation about the lumbosacral L5-S1 region bilaterally, the right sciatic notch and right posterior thigh. Babinski's sign is negative. Lasegue's, Fabere and Trendelenburg tests are negative bilaterally. The

provider is requesting authorization of Enovarx-Ibuprofen 10 Percent Kit Qty 1 and Lidoderm 5 Percent Patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enovarx-Ibuprofen 10 Percent Kit Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. Intolerance to oral medications is not documented. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high-risk patients, especially those with reduced drug metabolism as in renal failure. The Enovarx-Ibuprofen 10 Percent Kit Qty 1 is not medically necessary and appropriate.

Lidoderm 5 Percent Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine 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 Lidocaine 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 other oral analgesics. The Lidoderm 5 Percent Patch #30 is not medically necessary and appropriate.