

Case Number:	CM15-0126873		
Date Assigned:	07/13/2015	Date of Injury:	04/28/2013
Decision Date:	08/07/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 a work related injury April 28, 2013. Past history included bilateral knee arthroscopy, hypertension, and diabetes. According to a physician's progress notes, dated May 28, 2015, the injured worker presented for a medical re-evaluation regarding her multi-level lumbar degenerative disc disease (severe at L4-L5), diffuse regional myofascial pain, internal derangement of both knees s/p operative repair, and chronic pain syndrome with both sleep and mood disorder. She reports a marked increase in low back, buttock, and primarily right lower extremity pain, and bilateral knee pain. She is unable to sit or stand for any period of time and feels weakness in her right leg. Physical examination revealed an equivocal seated straight leg raise on the right and negative on the left. Reflexes were 2+ in the knees and absent in the ankles. There is no extensor hallucis longus weakness. She had severe myofascial trigger points in the lumbar paraspinal muscles and gluteal musculature and marked loss of lumbar range of motion. Assessment is documented as lumbago; degeneration of lumbar intervertebral disc. At issue, is the request for authorization for Lidoderm patch and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 3 percent 700mg/patch #30 refill 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work injury in April 2013 and continues to be treated for bilateral knee and low back, buttock, and right lower extremity pain. When seen, she was having a marked increase in symptoms. She was having difficulty with prolonged sitting or standing and felt she had lower extremity weakness. Physical examination findings included lumbar paraspinal and gluteal muscle trigger points with decreased lumbar spine range of motion. Straight leg raising was negative on the left and equivocal on the right. Ibuprofen was prescribed at a dose of 400 mg two times per day. Lidoderm was prescribed with five refills. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, other topical treatments could be considered. Therefore, Lidoderm was not medically necessary.

Ibuprofen 400mg tab #60 1 tab po bid refill 1; Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 70, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in April 2013 and continues to be treated for bilateral knee and low back, buttock, and right lower extremity pain. When seen, she was having a marked increase in symptoms. She was having difficulty with prolonged sitting or standing and felt she had lower extremity weakness. Physical examination findings included lumbar paraspinal and gluteal muscle trigger points with decreased lumbar spine range of motion. Straight leg raising was negative on the left and equivocal on the right. Ibuprofen was prescribed at a dose of 400 mg two times per day. Lidoderm was prescribed with five refills. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is not within guideline recommendations or likely to produce an anti-inflammatory effect and was not medically necessary.