MAXIMUS Federal Services

Case Number:	CM15-0172113		
Date Assigned:	09/14/2015	Date of Injury:	09/19/2014
Decision Date:	10/15/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/01/2015

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: Preventive Medicine, Occupational 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 73 year old female who sustained an industrial injury on 09-19-2014. According to an initial pain medicine evaluation dated 07-23-2015, the injured worker reported low back pain that was intermittent and radiated down the bilateral lower extremities. Pain was accompanied by numbness intermittently. She reported severe difficulty in sleep. Pain was rated 5 on a scale of 1-10 in intensity without medications. Pain had recently worsened. Prior pain treatments included physical therapy and acupuncture with limited benefit. She reported ongoing activity of daily living limitations with self-care & hygiene, activity and ambulation. Medical history included a history of hypertension controlled with medications and breast cancer. MRI of the lumbar spine performed on 04-03-2015 showed "disc disease at L4-5 and L5-S1. Fluid signal intensity lesion involving left superior renal pole which could represent renal cyst". Diagnoses included lumbar disc degeneration, chronic pain other, lumbar disc displacement, lumbar radiculitis, hypertension, obesity and history breast cancer status post lumpectomy. The injured worker scored 20% on the Oswestry 2.0 disability index questionnaire. The injured worker wanted to hold off on a transforaminal epidural steroid injection as pain was "tolerable." Medications prescribed included Enovarx-Ibuprofen 10% and Lidoderm 5% patch. An authorization request dated 07-27-2015 was submitted for review. The requested services included Enovarx-Ibuprofen 10% kit apply as directed #1 and Lidoderm 5% patch 12 hours on 12 hours off #30. On 08-05-2015, Utilization Review non-certified Enovarx-Ibuprofen 10% kit, apply as directed #1 and Lidoderm 5% 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% kit, apply as directed #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per manufacturer information Enovarx-Ibuprofen is a topical NSAID cream. Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this case, there is no indication that the injured worker has failed with the use of oral antibiotics. There is also no indication that the injured worker has osteoarthritis that would benefit from the use of topical NSAIDs. The request for Enovarx-Ibuprofen 10% kit, apply as directed #1 is determined to not be medically necessary.

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Lidoderm is a Lidocaine patch providing topical Lidocaine. The MTUS Guidelines recommend the use of topical Lidocaine primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidoderm 5% patch #30 is determined to not be medically necessary.