MAXIMUS Federal Services

Case Number:	CM15-0173238		
Date Assigned:	09/15/2015	Date of Injury:	03/27/1995
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/02/2015

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 68 year old female, who sustained an industrial injury on March 27, 1995. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar disc disorder, lumbar radiculopathy, lumbar degenerative disc disease and ankle-foot pain. Treatment to date has included medications, diagnostic studies and an interferential stimulator. On August 14, 2015, the injured worker complained of constant lower back pain described as aching, sharp, shooting, throbbing and burning. The pain was noted to radiate to the right lower extremity. The pain was rated as a 5-6 on a 1-10 pain scale. With medication, her pain score was noted to reduce by 30-60%. On the date of exam, with her current medication dosages, she was noted to be able to perform all of her activities of daily living. Without the medication she reported resting 70-80% of the day and performing only minimal activities. She was noted to previously fail Gabapentin and Duloxetine medication. Her interferential stimulator was reported to be broken and not functional. Notes stated that it helped her "significantly." The treatment plan included a right L2-3 transforaminal epidural steroid injection, butans, Norco, Cymbalta, LidoPro and a follow-up visit. On August 21, 2015, utilization review denied a request for Butrans, Norco, Cymbalta, LidoPro and a new interferential stimulator and disposable supplies for one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans: Overturned

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): Opioids, criteria for use.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is documentation that the patient has improved functioning and pain with her current drug regimen. I am reversing the previous utilization review decision. Butrans is medically necessary.

Norco: Overturned

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): Opioids, criteria for use.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is documentation that the patient has improved functioning and pain with her current drug regimen. I am reversing the previous utilization review decision. Norco is medically necessary.

Cymbalta: 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): Duloxetine (Cymbalta).

Decision rationale: Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. Evidence based guidelines necessitate documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Cymbalta use to date. The original reviewer approved this request with modifications to account for a lack of dose, sig. and amount of medication. The request is non-specific for dose, sig, and amount of medication; consequently Cymbalta is not medically necessary.

LidoPro: 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: Lidopro lotion is a compounded medication which contains the following: Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10%, Capsaicin 0.0325%. It is classified by the FDA as a topical analgesic. There is little to no research to support the use of many Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. LidoPro is not medically necessary.

New Interferential Stimulator and Disposable Supplies for One Year: 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): Transcutaneous electrotherapy.

Decision rationale: According to the MTUS an interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. A TENS unit without interferential current stimulation is the recommended treatment by the MTUS. New Interferential Stimulator and Disposable Supplies for One Year is not medically necessary.