

Case Number:	CM15-0048466		
Date Assigned:	03/20/2015	Date of Injury:	04/29/2006
Decision Date:	05/01/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/13/2015

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 44 year old male who sustained a work related injury April 29, 2006. Past history included diabetes mellitus, chronic right knee pain-s/p surgery x 3, chronic lumbar back pain, chronic thoracic and cervical myofascial pain, chronic headaches, chronic chest pain, s/p right upper extremity blood clot January 2013 and March 2014, s/p substance abuse in recovery for over 5 years. According to a primary treating physician's progress report, dated January 13, 2015, the injured worker presented with lower back pain and right knee pain. The physician noted he is in his 7th year of sobriety and has missed appointments for hospitalizations for recurrent blood clots in the left and right leg and the Atarax and Lidocaine patches have been denied. There is right knee tenderness, swelling and crepitus. There is lower thoracic and lumbar tenderness with spasm. There is also sacroiliac and bilateral trochanteric tenderness. Treatment plan included continue Lidoderm patches, have him try Tramadol, provided Atarax, and check on the status of an MRI scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #90, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-67, 111-113.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic low back pain and knee pain. Tramadol is being prescribed. 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. Therefore, Lidoderm was not medically necessary.

Atarax 20mg #120, 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, online version 19.2, Atarax.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Atarax prescribing information.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic low back pain and knee pain. He has a history of substance abuse with alcohol. Atarax has been prescribed since at least January 2012. Atarax (hydroxyzine hydrochloride) is indicated for the management of anxiety and tension and anxiety, control of pruritus, control of nausea and vomiting, and as adjunctive therapy in the treatment of alcoholism. In this case, the claimant has a history of alcohol abuse and therefore Atarax is medically necessary.