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| Case Number: | CM15-0064875 | | |
| Date Assigned: | 04/10/2015 | Date of Injury: | 12/27/2007 |
| Decision Date: | 05/18/2015 | UR Denial Date: | 03/11/2015 |
| Priority: | Standard | Application Received: | 04/06/2015 |

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: Internal 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 43-year-old female, who sustained an industrial injury on 12/27/2007. Diagnoses include unspecified myalgia and myositis, lumbar disc displacement without myelopathy and backache not otherwise specified. Treatment to date has included medications and psychotherapy. According to a progress report dated 02/26/2015, the injured worker had a flare up of her chronic pain. She reported increased low back pain due to driving distance and a recent flare up from bowling one week prior. She had been out of medications for months and started recent use of medical marijuana. Current medications were noted and included Gabapentin, Ibuprofen, Lidoderm, and medical marijuana. Treatment plan included Motrin, Gabapentin and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg, #30, 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDs are recommended for low back conditions. The primary treating physician's progress report dated 2/26/15 documented subjective complaints of low back pain and a flare of her chronic pain. Medical records document objective physical examination findings. Diagnoses were myalgia, myositis, lumbar disc displacement, and backache. Motrin 800 mg once daily as needed #30 with 2 refills was requested. ACOEM guidelines support the use of the NSAID Motrin for low back conditions. Therefore, the request for Motrin is medically necessary.

Lidoderm Patch 5%, #30, 2 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page 56-57. Topical Analgesics Page 111-112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The primary treating physician's progress report dated 2/26/15 documented subjective complaints of low back pain and a flare of her chronic pain. Diagnoses were myalgia, myositis, lumbar disc displacement, and backache. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. The request for Lidoderm patch is not supported by MTUS guidelines. Therefore, the request for Lidoderm is not medically necessary.