

Case Number:	CM15-0068045		
Date Assigned:	04/15/2015	Date of Injury:	12/15/2003
Decision Date:	05/19/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/09/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury on 12/15/03. The initial complaints are not noted. The injured worker was diagnosed as having discogenic lumbar disease; status post laminectomy L4-L5 with radicular component of lower extremities. Treatment to date has included lumbar surgery; physical therapy; medications. Currently, the PR-2 notes dated 3/4/15 the injured worker complains of low back and right shoulder pain. The injured worker is doing well and complaints are of stiffness; working 12 hours a day and takes medications to be functional. Treatment plan includes a specialist for possible injections; and medications: Lidoderm patches 5%, #60 and Motrin 800mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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

Decision rationale: The claimant presents with a request for Lidoderm patches for low back and right shoulder pain. The records show that the claimant is able to work full-time. MTUS Guidelines do recommend Lidoderm patches for neuropathic pain stating, "Recommended for localized peripheral pain after there has been evidence of trial of first-line therapy (antidepressants, anticonvulsants)." The FDA has approved Lidoderm patches only for post-herpetic neuralgia. This patient does not have post-herpetic neuralgia and there is no documentation that other first-line medications have been tried and failed. There are potential hazards associated with the use of topical Lidocaine, particularly in individuals who apply a large amount of the substance over a large area. The use of topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. The request for Lidoderm patches is not medically necessary at this time.

Motrin 800mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: The claimant presents with a request for Motrin 800 mg, #90 for chronic pain. The MTUS Guidelines state that NSAIDs are recommended for osteoarthritis for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered as initial therapy for patients with mild to moderate pain. Motrin is recommended as a second-line treatment after Acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than Acetaminophen for acute low back pain. For chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. A Cochrane review of literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs, such as Acetaminophen, narcotics and muscle relaxants. There is no evidence that this patient has tried and failed Acetaminophen or that long-term usage has provided significant functional improvement. The request is thus deemed not medically necessary.