

Case Number:	CM15-0078136		
Date Assigned:	04/29/2015	Date of Injury:	06/10/1997
Decision Date:	05/28/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/23/2015

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: Arizona, California

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 53 year old male, who sustained an industrial injury on 06/10/1997. According to a progress report dated 03/30/2015, subjective complaints included low back pain that radiated down the bilateral lower extremities. Pain was rated 6 on a scale of 1-10 in intensity on average with medications and 8 without medications. Pain was reported as unchanged since the last visit. Diagnoses included failed back surgery syndrome lumbar, lumbar radiculopathy, status post fusion lumbar spine, anxiety, depression, status post spinal cord stimulator implant bilateral lower extremity pain. Specific medications tried and failed included Ambien, Celebrex, Cymbalta, Fentanyl Patch, OxyContin, Tizanidine and Ultram. Medication regimen by all providers included Motrin, Lidoderm, Topamax, Neurontin, Norco and Baclofen. The provider noted that the injured worker had developed opiate tolerance due to long-term opiate use. Weaning of opioid medications had been unsuccessful. Pain symptoms had severely worsened with reduction of function/activities of daily living due to medication weaning. The attempted medications weaning dates included March through May 2014. Treatment plan included Lidoderm 5% patch, Motrin, Neurontin, Norco and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90 with 1 refill: 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 NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for several months in combination with Norco, Baclofen, Topamax and Neurontin. There was only a 2 point improvement with the use of all medications. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Motrin is not medically necessary.

Lidoderm 5% patch #30 with 1 refill: 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 topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. In addition, the claimant had been on numerous oral medications along with topical Lidoderm with no reduction in oral medication use or improvement beyond a 2 point difference in pain level. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.