

Case Number:	CM15-0097823		
Date Assigned:	05/28/2015	Date of Injury:	08/09/2011
Decision Date:	06/29/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/20/2015

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, Indiana, New York
 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 59 year old female, who sustained an industrial injury on 08/09/2011. She has reported injury to the low back and bilateral wrists. The diagnoses have included degenerative disc disease, lumbar spine, most significant at L5-S1; disc bulges L3-4, L4-5, and L5-S1; facet arthropathy, L2 to S1, most prominent at L5-S1 bilaterally; DeQuervain's stenosing tenosynovitis of the left wrist; and mild right DeQuervain's stenosing tenosynovitis of the right wrist. Treatment to date has included medications, diagnostics, bracing, acupuncture, physical therapy, and lumbar epidural steroid injections. Medications have included Norco, Zanaflex, Lidoderm patch, and Mobic. A progress note from the treating physician, dated 04/23/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of ongoing difficulty with pain across the low back with weakness in the right leg; recently tripped on stairs when her right leg went out, sustaining scrapes on her left knee and shin; pain is rated at 6-10/10 in intensity; pain is reduced to a 4/10 with the use of her current medications; and function is improved with the use of these medications. Objective findings included ongoing difficulty with the right leg giving out, causing her to fall; large abrasion on the left knee, which she injured when the right leg went out from underneath her; and requesting MRI of the lumbar spine due to worsening condition. The treatment plan has included the request for Lidoderm 5% patch (700mg/patch) #30, refill: 3; and Mobic 15mg #30, refill: 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch (700mg/patch) #30 Refill: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% patch (700 mg/patch) #30 with three refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial. If improvement cannot be demonstrated, the medication be discontinued, etc. in this case, the injured worker's working diagnosis are degenerative disc disease lumbar spine; disc bulges L3 - L4, L4 - L5 and L5 - S1; and facet arthropathy L2 through S1 bilaterally. The earliest progress note medical record containing prescriptions for Lidoderm and Mobic is dated August 6, 2014. After starting Lidoderm and Mobic, the injured worker had persistently elevated pain scores ranging from 7- 10/10 with medications to 4/10 with medication. The most recent progress note dated April 23, 2015 (request for authorization date April 28, 2015) shows the injured worker has continued low back pain with a weakness in the right leg. The pain score is 6-10/10 without medications and 4/10 and with medications. The documentation does not contain evidence of objective functional improvement with ongoing Lidoderm 5%. The anatomical region for its application is not documented in the medical record. There is no failure of first-line neuropathic medications including antidepressants and anticonvulsants documented in the medical record. Consequently, absent clinical documentation with first-line failure with antidepressants and anticonvulsants, persistently elevated pain scores, no evidence of objective functional improvement with ongoing Lidoderm, Lidoderm 5% patch (700 mg/patch) #30 with three refills is not medically necessary.

Mobic 15mg #30 Refill: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mobic 15 mg #30 with three refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnosis are degenerative disc disease lumbar spine; disc bulges L3 - L4, L4 - L5 and L5 - S1; and facet arthropathy L2 through S1 bilaterally. The earliest progress note medical record containing prescriptions for Lidoderm and Mobic is dated August 6, 2014. After starting Lidoderm and Mobic, the injured worker had persistently elevated pain scores ranging from 7-10/10 with medications to 4/10 with medication. The most recent progress note dated April 23, 2015 (request for authorization date April 28, 2015) shows the injured worker has continued low back pain with a weakness in the right leg. The pain score is 6-10/10 without medications and 4/10 and with medications. The documentation does not contain evidence of objective functional improvement with Mobic 15 mg. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. Mobic was started in August 2014. There is no documentation of an attempt to wean Mobic based on persistently elevated pain scores and no objective functional improvement. Consequently, absent clinical documentation with subjective and objective functional improvement, and attempt to wean Mobic based on subjective and objective improvement, Mobic 15 mg #30 with three refills is not medically necessary.