

Case Number:	CM14-0143755		
Date Assigned:	09/12/2014	Date of Injury:	09/04/2009
Decision Date:	10/07/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained an injury on 9/4/09 while employed by [REDACTED]. Request(s) under consideration include Mobic 15 mg #30 and Lidoderm 5% patch, quantity 30. Medications list Flexeril, Nortriptyline, Nexium, Celebrex, Lyrica, Lidoderm, and Mobic. PQME report of 9/13/12 noted patient sustained a right upper extremity injury and was P&S with future medical care. Report of 7/25/14 from the provider noted the patient with continued chronic numbness in the right upper extremity and continues on medications and a home exercise program. Medications were reported to help function and work. Exam showed minimal limitation of right hand and wrist range of motion with increased erythema to right upper extremity. Treatment included multiple medications (opiate, Lyrica, Mobic, Lidoderm, Omeprazole), physical therapy, and cognitive based therapies. The request(s) for Mobic 15 mg #30 and Lidoderm 5% patch, quantity 30 were non-certified on 8/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: This patient sustained an injury on 9/4/09 while employed by The [REDACTED]. Request(s) under consideration include Mobic 15 mg #30 and Lidoderm 5% patch, quantity 30. Medications list Flexeril, Nortriptyline, Nexium, Celebrex, Lyrica, Lidoderm, and Mobic. PQME report of 9/13/12 noted patient sustained a right upper extremity injury and was P&S with future medical care. Report of 7/25/14 from the provider noted the patient with continued chronic numbness in the right upper extremity and continues on medications and a home exercise program. Medications were reported to help function and work. Exam showed minimal limitation of right hand and wrist range of motion with increased erythema to right upper extremity. Treatment included multiple medications (opiate, Lyrica, Mobic, Lidoderm, Omeprazole), physical therapy, and cognitive based therapies. The request(s) for Mobic 15 mg #30 and Lidoderm 5% patch, quantity 30 were non-certified on 8/1/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of GI issues as noted by the provider. It is also unclear why two NSAIDs are prescribed concurrently (Celebrex and Mobic). The Mobic 15 mg #30 is not medically necessary and appropriate.

Lidoderm 5% patch, quantity 30: 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 Medications Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm (Lidocaine patch), page 751

Decision rationale: This patient sustained an injury on 9/4/09 while employed by The [REDACTED]. Request(s) under consideration include Mobic 15 mg #30 and Lidoderm 5% patch, quantity 30. Medications list Flexeril, Nortriptyline, Nexium, Celebrex, Lyrica, Lidoderm, and Mobic. PQME report of 9/13/12 noted patient sustained a right upper extremity injury and was P&S with future medical care. Report of 7/25/14 from the provider noted the patient with continued chronic numbness in the right upper extremity and continues on medications and a home exercise program. Medications were reported to help function and work. Exam showed minimal limitation of right hand and wrist range of motion with increased erythema to right upper extremity. Treatment included multiple medications (opiate, Lyrica, Mobic, Lidoderm, Omeprazole), physical therapy, and cognitive based therapies. The request(s) for Mobic 15 mg #30 and Lidoderm 5% patch, quantity 30 were non-certified on 8/1/14. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and

functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. Lidoderm 5% patch, quantity 30 is not medically necessary and appropriate.