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| Case Number: | CM13-0009566 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 04/28/1995 |
| Decision Date: | 01/17/2014 | UR Denial Date: | 07/26/2013 |
| Priority: | Standard | Application Received: | 08/09/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

The claimant is a 65-year-old female who was injured in a work related accident on April 28, 1995. The most recent clinical progress report for review is a June 26, 2013 assessment indicating subjective complaints of neck and low back pain for which the claimant is requesting medications. Subjectively, normal findings are not noted, but it is stated that a cervical MRI showed multilevel disc protrusions and lumbar MRI scan also showing multiple level disc protrusions. The claimant was diagnosed with cervical disc disease, lumbar disc disease, and bilateral wrist synovitis. The plan at that time was for prescriptions of Lidoderm patches as well as Vicodin. At present there is a current request for Vicodin ES three times daily dispense #48 as well as Lidoderm patches to be "used as directed". Clinical imaging is not available for review in this case. Other forms of treatment dating back to the claimant's time of injury of 1995 are not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoden ES tid #48: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: The MTUS guidelines state, "The 4 A's for ongoing monitoring: four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors". Based on the MTUS guidelines, the continued role of opioids in this case would not be indicated. The claimant is eighteen years from time of injury with diagnoses of cervical and lumbar disc disease with no documentation of prior treatment, formal physical exam findings or imaging to confirm or refute clinical presentation. There also is no documentation of the efficacy of pain relief or functional improvement. The acute need of short acting analgesics at this chronic stage of course of care in the absence of this documentation would fail to necessitate its use.

Lidoderm patches, use as directed #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 and 57.

Decision rationale: Based on the MTUS guidelines, continued role of Lidoderm patches would also not be supported. Lidocaine is only indicated topically for neuropathic pain if there is evidence for a trial of first line therapy, i.e. tricyclic antidepressants or medications such as gabapentin or Lyrica not being tolerated or failed. The medical records do not support prior treatment in this case, nor do they demonstrate a neuropathic etiology to the claimant's complaints. In the absence of physical examination findings, formal imaging or prior treatment documented, the acute need of Lidoderm patches, a second line treatment, would not be indicated.