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| Case Number: | CM13-0027006 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 08/02/2012 |
| Decision Date: | 02/03/2014 | UR Denial Date: | 09/10/2013 |
| Priority: | Standard | Application Received: | 09/20/2013 |

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 Internal Medicine and is licensed to practice in Rhode Island. 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 patient suffered trauma to her forehead in the work locker room. No loss of consciousness (LOC). Incident date 8/2/12. Claim date 9/10/13. The patient had no other relevant medical history. She underwent a CAT scan and MRI head with no acute findings. She has used amitriptyline for pain control. She requests myofascial release, vicodin, Aleve and Lidoderm patch therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for myofascial release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11.

Decision rationale: The requested therapy is not medically necessary per above guidelines. There is no clinically evidence of therapeutic value in the above requested therapy for the condition of trauma to the forehead. There are no neurologic deficits noted.

request for Vicodin (unspecified dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The clinical scenario does not demonstrate a need for the use of narcotic medications to control pain from acute trauma to the forehead. The guidelines point to use of non steroidal anti-inflammatory but not the use of narcotics for chronic management. There is no medical necessity for the use of vicodin in unspecified amounts for unclear period of time.

request for Aleve (unspecified quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 22, 67-68.

Decision rationale: The anti-inflammatory Aleve can be used for chronic pain management. The headache for trauma may benefit from Aleve use on an as needed basis. There is a medical necessity for acute or chronic use of Aleve.

request for Lidoderm Patches (unspecified dosage/quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 56-57.

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

Decision rationale: The use of lidoderm patch is not medically indicated for this type of injury. She has no neurologic findings and an SNRI has not been prescribed. She has also not had gabapentin or lyrica prior to use of above. The use of lidoderm patch has only been shown to be efficacious in post herpetic neuralgia. The lidoderm patch is not medically necessary.