

Case Number:	CM13-0035068		
Date Assigned:	12/13/2013	Date of Injury:	09/21/1999
Decision Date:	02/14/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 is a 55-year-old female who reported an injury on 09/21/1999. The mechanism of injury was not submitted. The patient was diagnosed with cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, degenerative lumbosacral vertebral disc, cervicgia, displacement lumbar disc without myelopathy, cervical cranial syndrome, thoracic lumbosacral radiculitis, and unspecified myalgia and myositis. The clinical documentation indicates that the patient returned to follow-up appointment and re-evaluation since the last visit on 09/13/2013, noting that there was an increase in pain in the low back and hip on the right. The patient reported that the pain was dull and constant. The patient reported she was having difficulty with prolonged standing and walking and would like to re-schedule a repeat RFA ASAP as the last 1 was done in 07/2012. The patient stated that daily activities are becoming more difficult to accomplish, but the medication was helping otherwise. The physical examination revealed ataxic gait and limited active range of motion around the L-spine. There was also facet pain in the right lumbar joints, facet tenderness along the right C-spine, limited active range of motion with crepitus, and decreased strength with neck flexion and extension. There was severe ossific tenderness associated with HA symptoms and crepitus on active range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prescription of Norco to 6/day prn #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 34, 74-97.

Decision rationale: CAMTUS recommends ongoing monitoring of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially nonadherent drug related behaviors for opioid medication users. The patient complained of low back pain, leg pain, hip pain, and neck pain. However, no clinical documentation was submitted indicating any improvement in function. Also, it is unclear if the patient experienced any pain relief from the pain medication as her average pain score has been 7/10 for the past 2 office visits. Given the lack of documentation to support guideline criteria, the request is non-certified.

Request for prescription of Lidoderm patches 1%, apply patch 12 hours on and 12 hours off #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: CAMTUS states lidocaine is a transdermal application and is recommended for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first line therapy, such as tricyclic or SNRI antidepressants, or an AED such as Gabapentin or Lyrica. The patient reported leg pain, neck pain, low back pain, and hip pain. However, no clinical documentation was submitted to indicate if the patient had tried a medication such as Gabapentin or Lyrica. Also, the clinical documentation did not indicate that the patient was experiencing any localized peripheral pain. Given the lack of documentation to support the guideline criteria, the request is non-certified.