

Case Number:	CM13-0043256		
Date Assigned:	01/03/2014	Date of Injury:	09/11/2010
Decision Date:	03/28/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 46-year-old female who reported injury on 09/11/2010. The mechanism of injury was noted to be the patient was picking peaches and fell from the ladder. The patient's medications were noted to be Vicodin and Lidoderm patches as of 05/03/2011, the earliest documentation that was submitted for review. The most recent documentation submitted for review indicated that the patient had neck, and upper and low back pain. The patient had left knee and ankle pain and right ankle pain. The patient had tenderness on the left knee. The patient had right ankle tenderness without swelling. Objectively, the patient had paracervical tenderness from C2 to C7-T1. There was perithoracic tenderness from T1 to T12-L1. There was paralumbar tenderness from C2 to S1. There was bilateral sacroiliac tenderness. There were bilateral lower thoracic and lumbar spine spasms. There was bilateral trochanteric tenderness. The patient's diagnoses were noted to include chronic cervical pain, chronic thoracic and lumbar back pain. Chronic post-traumatic headaches, and chronic left knee pain and right ankle pain, and depression. The request was made for Lidoderm pain patches 1 to 3 per day, #90, with 3 refills for the low back, and it was indicated the patient had been trialed on a tricyclic antidepressant and was currently taking Elavil, and the request was made for Vicodin 5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Continued use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, , ongoing management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain, and there should be documentation of an objective increase in function, objective decrease in the VAS score, and evidence the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review failed to meet the above criterion. Additionally, the patient has been on the medication for longer than 2 years. Given the above and the lack of documentation, the request for 1 prescription of Vicodin 5 mg #120 is not medically necessary.

Lidoderm Patch #90 w/ 3 refills: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of a first-line therapy. Clinical documentation submitted for review indicated the patient was concurrently using the Lidoderm and Elavil. Elavil is a first line therapy. As such, there would be a lack of documentation indicating failure of Elavil to support the use of Lidoderm. There was a lack of documentation indicating the objective functional benefit, as well as the efficacy of the medication. There was a lack of documentation indicating the patient had a necessity for 3 refills without time for re-evaluation. Given the above, the request for 1 prescription of Lidoderm patch #90 with 3 refills is not medically necessary.