

Case Number:	CM13-0046266		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2010
Decision Date:	05/19/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 is a 32-year-old claimant who was injured in a work related accident on 05/17/10. A PR-2 report dated 10/01/13 gave the claimant a current working diagnosis of headaches, left shoulder tendinosis status post cervical fusion at C5/6, and lumbosacral strain. Objective clinical findings at that time were of restricted cervical and lumbar range of motion with equal and symmetrical reflexes to the upper extremities, 5 out of 5 motor strength to the upper and lower extremities, and no sensory deficit. Treatment recommendations were for the continuation of medication management to include Soma, Norco, Lidoderm patches, sumatriptan, and permanent work restrictions. There as not any available documentation of recent imaging. There are no current records indicating the medications currently being utilized.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES: 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 Analgesics Page(s): 111-113.

Decision rationale: MTUS guidelines would not support the continued use of Lidoderm patches. Lidoderm patches are recommended for neuropathic pain in cases where first line therapeutic treatment has failed. First line treatment of neuropathic pain would include tricyclic antidepressants or agents such as gabapentin or Lyrica. Without documentation of trial of the above agents, the requested Lidoderm patches would not be supported as medically necessary.

SUMATRIPTAN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: HEAD PROCEDURE - TRIPTANS

Decision rationale: MTUS guidelines are silent. When looking at Official Disability Guidelines criteria, the role of sumatriptan would not be indicated. Sumatriptan is recommended for migraine sufferers. While this agent is appropriate for migraine headaches, records in this case document a generic diagnosis of headache with no indication of prior workup or assessment that would indicate that the headaches are of a migrainous nature. Given a lack of documentation of specific migraine headache with aura, the use of a prescription medication of sumatriptan would not be indicated as medically necessary or appropriate.