MAXIMUS Federal Services

Case Number:	CM13-0048643		
Date Assigned:	12/27/2013	Date of Injury:	12/16/2005
Decision Date:	02/26/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/06/2013

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 and Pain Medicine and is licensed to practice in Ohio and Texas. 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 12/16/2005. The mechanism of injury was repetitive trauma related to the performance of job duties. The resulting diagnosis was bilateral carpal tunnel syndrome. She had carpal tunnel release surgeries to the bilateral wrists on unknown dates, approximately 2000 or 2001. The patient reported benefit to the left wrist; however, the right wrist surgery did not lead to improvement. The patient reports continued weakness, discomfort, sleep disruptions, and has developed headaches and pain in her neck and bilateral shoulders. The most recent clinical note submitted for review was dated 09/23/2013 and revealed 20 degrees of cervical flexion and 20 degrees of cervical extension. Lumbar flexion was 45 degrees and extension 10 degrees. Abduction of the right shoulder was 85 degrees, extension of 10 degrees, and flexion of 85 degrees. The left shoulder reveals 90 degrees of abduction, 20 degrees of extension, and 90 degrees of flexion. The patient has severe psychological co morbidities and was recommended on the 09/23/2013 visit to resume psychological counseling. The patient's current diagnoses include recurrent symptoms of bilateral carpal tunnel syndrome, chronic cervical myofascial pain, chronic thoracic myofascial pain, chronic bilateral shoulder pain, chronic migraine headaches, bilateral TMJ symptoms, depression, cardiac murmur, and status post injury to her head, neck, and right side of her body in 07/2010, secondary to a fall. The patient's current medication list was not provided for review.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-11.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of topical analgesics primarily for neuropathic or osteoarthritic pain. Topical Lidoderm in particular, is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy, to include tricyclic or SNRI antidepressants, or an AED such as Gabapentin or Lyrica. Guidelines state that Lidoderm is not recommended for non-neuropathic pain. The medical records provided for review did not contain any evidence of neurologic impairment. On 2 occasions, 08/12/2013 and 07/04/2013, the patient complained of numbness to her bilateral hands; however, there were no objective physical exam findings to support these claims. Without objective documentation of neuropathy, the medical necessity of this request cannot be established. As such, the request for Lidoderm patches is non-certified

Voltaren gel 100 grams: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of topical non steroidal anti-inflammatory agents specifically for osteoarthritis or chronic musculoskeletal pain. However, these topical medications should not be used in excess of 12 weeks, as their effects are noted to diminish over time. Currently, Voltaren gel 1% is the only FDA approved topical NSAID for the relief of osteoarthritic pain. According to the medical records provided for review, the patient was prescribed Voltaren gel in 06/2013. In the clinical note dated 08/06/2013, there is report that the patient had received some relief from the Voltaren gel samples she had received from the physician; however, there is no mention in any of the other clinical notes provided that the patient had been routinely using the Voltaren gel. Although the medication was prescribed in 06/2013, it is unclear if the patient had been utilizing this medication since then; each clinical visit continues to request authorization for this prescription. Until the actual length of use can be clarified, the medical necessity and guideline compliance for this request cannot be established. As such, the request for Voltaren gel 100 grams is non-certified.

Paxil: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16.

Decision rationale: The California MTUS/ACOEM Guidelines state that selective serotonin reuptake inhibitors, such as Paxil, are controversial, and state that more information is needed regarding the role of SSRIs and pain treatment. In the clinical notes submitted for review, there is no indication that the patient had been changed from her Wellbutrin to Paxil until the 09/17/2013 note. In this note, it is reported that the patient had recently been placed on Paxil to replace the Wellbutrin, but there is no documentation of when or by whom this was done. There was no prior discussion of adverse effects from the Wellbutrin or any indication given as to why change to Paxil was indicated. Without objective documentation providing support for this change in medications, the medical necessity cannot be determined at this time. As such, the request for Paxil is non-certified.