

Case Number:	CM13-0057212		
Date Assigned:	12/30/2013	Date of Injury:	07/10/2009
Decision Date:	04/09/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 an 80 year old woman who sustained a work related injury on July 10 2009. Subsequently, she developed chronic neck pain. She was treated with TENS units, physical therapy, chiropractic manipulation and Lidocaine patches. Her physical examination showed tight paraspinal muscles in the neck and shoulder. He provider requested authorization for Six (6) monthly medication management sessions, Lidocaine 5% and Urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) monthly medication management sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines State of Colorado Department of Labor and Employment 4/27/2007 Pag. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33. Decision based on Non-MTUS Citation Assessing Red Flags and Indication for Immediate Referral, page(s) 171

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a

specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: < Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) >. There is no documentation that the patient is taking medications that make her management complex requiring management sessions. In addition, the requesting physician should provide a documentation supporting the medical necessity for these management sessions. The documentation should include the reasons, the specific goals and end point for medications management sessions. Therefore, the request for Six (6) monthly medication management sessions is not medically necessary

Lidocaine 5%, #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, << Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin)>>. In this case, there is no clear documentation of recent use of these medications. Furthermore, the patient continued to have pain despite previous use of Lidocaine. In addition, there is no strong evidence supporting its efficacy in chronic neck and back pain. Therefore, the prescription of Lidocaine 5%, #30 with 3 refills is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78,94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. <(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs>. There is no evidence that the patient is taking any medication that require a drug screen. Therefore, the request for Urine drug screen is not medically necessary.