

Case Number:	CM13-0070643		
Date Assigned:	01/08/2014	Date of Injury:	10/30/1997
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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 patient with a date of injury of 10/30/97. A utilization review determination dated 12/11/13 recommends non-certification of Lidoderm and ThermoCare. Modification was recommended for Valium from #60 with 1 refill to #45 and no refills and Norco #240 with 1 refill to #240 with no refills. It references a 12/4/13 medical report identifying neck and low back pain 7/10 with medications and 10/10 without. On exam, there was decreased ROM.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH #1 BOX WITH 1 REFILL: 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): 112.

Decision rationale: Regarding request for Lidoderm 5% patch #1 box with 1 refill, CA MTUS states that topical lidocaine is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Within the documentation available for review, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy. In light of the above

issues, the currently requested Lidoderm 5% patch #1 box with 1 refill is not medically necessary.

THERMACARE HEAT WRAPS (HIP/BACK) #5 BOXES WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), pg 162 and Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

Decision rationale: Regarding the request for ThermaCare Heat Wraps (hip/back) #5 boxes with 1 refill, CA MTUS/ACOEM and ODG support the use of cold/hot packs for musculoskeletal injuries. Within the documentation available for review, there is no documentation of a rationale for the use of specialized heat wraps rather than the application of simple hot packs at home. In the absence of such documentation, the currently requested ThermaCare Heat Wraps (hip/back) #5 boxes with 1 refill are not medically necessary.

THERMACARE HEAT WRAPS (FOR NECK) #4 BOXES WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Cold packs and Heat/cold applications.

Decision rationale: Regarding the request for ThermaCare Heat Wraps (for neck) #4 boxes with 1 refill, CA MTUS/ACOEM and ODG support the use of cold/hot packs for musculoskeletal injuries. Within the documentation available for review, there is no documentation of a rationale for the use of specialized heat wraps rather than the application of simple hot packs at home. In the absence of such documentation, the currently requested ThermaCare Heat Wraps (for neck) #4 boxes with 1 refill are not medically necessary.

PRESCRIPTION OF VALIUM 10MG #60 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Regarding the request for Valium, CA MTUS Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use and most guidelines limit their use to 4 weeks. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the Valium and no indication that the Valium is being prescribed for short-term use, as recommended by guidelines. In light of the above issues, the currently requested Valium is not medically necessary.

Prescription of Norco 10/325mg #240 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Norco, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function, no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be abruptly discontinued; however, there is, unfortunately, no provision for modification of the current request. In light of the above issues, the currently requested Norco is not medically necessary.