

Case Number:	CM14-0008233		
Date Assigned:	02/12/2014	Date of Injury:	07/12/2004
Decision Date:	07/23/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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:

The injured worker is a 40 year old female who is reported to have sustained work related injuries on 07/12/04. On this date, it is reported that a large patient fell on top of her while trying to place her into a magnetic resonance imaging (MRI). The records indicate that the injured worker ultimately underwent 2 left shoulder surgeries, the 1st on 02/18/05 with a 2nd procedure performed on 09/03/08 and is further noted to have a chronic left L4-5 radiculopathy per electromyogram/nerve conduction velocity study. The records include an agreed medical evaluator on 10/14/11 who details the injured worker's history of treatment and finds that the continued use of opiate medications is medically necessary secondary to neuropathic pain and chronic pain syndrome and recommends the continued use of anti-epileptic medications. The most recent clinical notes indicate that the injured worker continues to have left shoulder, left wrist, and left elbow symptoms and continues to experience shooting pain in the left upper extremity with pain levels reported to be 9/10 on a visual analog scale. The injured worker is noted to have difficulties with activities of daily living. perform nocturnal bracing for the left wrist at night with temporary relief. She does participate in a home exercise program. She is noted to have been approved for a spinal cord stimulator trial; however, she was identified as having gastrointestinal symptoms which required evaluation prior to the trial. Her medications include Norco 10/325mg, Docuprene, gabapentin, and Cymbalta. On physical examination, she has restricted left shoulder range of motion. She has a positive O'Brien's test. She is noted to have 4/5 strength in the trapezius, 4-/5 strength in the deltoid, biceps, and triceps. Records note an MRI of the brachial plexus dated 06/03/11 was reported as normal. The records include a utilization review determination dated 01/14/14 in which prescriptions for Norco 10/325mg #120, Docuprene 100mg #60, gabapentin, and LidoPro cream was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NORCO 10/325 MG # 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Norco 10/325mg #120 is recommended as medically necessary. The submitted records indicate that the injured worker is status post 2 left shoulder surgeries with chronic myofascial pain. She has further been identified as having a chronic left L4-5 radiculopathy. Previous agreed medical evaluators (AMEs) have recommended continued treatment with opiate medications. The records include urine drug screens to assess for compliance. It would further be noted that the injured worker has been identified as having neuropathic pain and has been approved for a spinal cord stimulator trial. As such, the continued use of opiate medications through the trial would be clinically indicated and therefore medically necessary.

THE PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF DOCUPRENE 100 MG # 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Mckay SL,Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct 51 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Docuprene 100mg #60 is recommended as medically necessary. The submitted records indicate that the injured worker has chronically been maintained on opiate medications. As such, these medications reduce gastrointestinal motility and a common side effect is constipation. As such, the use of Docuprene 100mg #60 is clinically indicated while the injured worker is maintained on opiate medications.

THE PROSPECTIVE REQUEST FOR UNKNOWN PRESCRIPTION OF GABAPENTIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Medications Page(s): 16-22.

Decision rationale: The request for Gabapentin is not supported as medically necessary. The submitted clinical records do not provide a quantity or prescribing instructions and therefore, medical necessity is not established.

THE PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF LIDOPRO CREAM 4 OUNCES: 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): 112-113.

Decision rationale: The request for LidoPro cream 4oz. is not supported as medically necessary. Per California Medical Treatment Utilization Schedule, the efficacy of topical analgesics has not been established through rigorous clinical trials. The record provides no data to establish that the injured worker receives benefit from the application of topical Lidocaine and therefore, medical necessity is not established.