MAXIMUS Federal Services

Case Number:	CM14-0101575		
Date Assigned:	07/30/2014	Date of Injury:	01/21/2007
Decision Date:	09/03/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 Florida. 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 53-year-old with a reported date of injury on January 21, 2007. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnosis included cervical disc displacement without myelopathy, pain in the shoulder joint, carpal tunnel syndrome, psychogenic pain, and cervical brachial syndrome. Previous treatment includes acupuncture, physical therapy, and Functional Restoration Program. According to the clinical documentation provided for review, the injured worker's surgical history includes bilateral shoulder surgery. The injured worker presented with bilateral wrist pain, but states that the pain has improved. The injured worker's medication regimen included Lidoderm patches 5% patch, Tylenol No. 3, pantoprazole/Protonix, diclofenac sodium, docusate sodium, aspirin, bupropion, hydrochlorothiazide, and levothyroxine. The plan of care includes the request for acupuncture. The rationale for the request was not provided within the documentation available for review. The Request for Authorization for Lidoderm 5% patches (700 mg/patch) #30, pantoprazole/Protonix 200 mg #60, diclofenac sodium 1.5% sixty gram anti-inflammatory cream quantity 1, and Tylenol No. 3 acetaminophen with Codeine #30 weaning recommended was submitted on July 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch (700 mg/patch) thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 57.

Decision rationale: The Chronic Pain Medical Treatment 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 antidepressants or an AED such as gabapentin or Lyrica). This is not a first line treatment and is only FDA approved for postherpetic neuralgia. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of a VAS pain scale. There is a lack of documentation related to the injured worker having postherpetic neuralgia. In addition, there's a lack of documentation related to trial and subsequent failure of antidepressants or AEDs. In addition, the request submitted fails to provide for specific site and directions for use. Therefore, the request for Lidoderm 5% Patch (700 mg/patch) thirty count is not medically necessary or appropriate.

Pantoprazole-protonix 20 mg sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that patients with risk of gastrointestinal events utilize a nonselective NSAIDs (non-steroidal anti-inflammatory drugs) with either a PPI (proton pump inhibitor) for example, 20 mg omeprazole daily) or misoprostol or a COX-2 selective agent. To determine if the patient is at risk for gastrointestinal events, the documentation should include either the injured worker is greater than 65 years of age; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants; or high dose multiple NSAID use. The clinical information provided for review lacks documentation related to the injured worker's functional deficits. There is a lack of documentation related to gastrointestinal events, risks, or signs and symptoms. The rationale for the request was not provided within the documentation available for review. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Pantoprazole-protonix 20 mg sixty count is not medically necessary or appropriate.

Diclofenac Sodium 1.5% 60 grams anti-inflammatory cream, quantity of one,: 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): 111-112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend topical analgesics as an option. Although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the guidelines recommend diclofenac at 1% for relief of osteoarthritis pain and joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Maximum dose should not exceed 32 grams per day (8 grams per joint per day in the upper extremity, 16 grams per joint per day in the lower extremity). The clinical information provided for review, lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees, and the utilization of VAS pain scale. In addition, the request as submitted failed to provide frequency and specific site at which the topical analgesic was to be utilized. Therefore, the request for Diclofenac Sodium 1.5% 60 grams anti-inflammatory cream, quantity of one, is not medically necessary or appropriate.

Tylenol #3 acetaminophen with codeine, thirty count,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of VAS pain scale. In addition, the clinical information, lacks documentation of pain relief, functional status, appropriate medication use, and side effects. The rationale for the request was not provided within the documentation available for review. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Tylenol #3 acetaminophen with codeine, thirty count, is not medically necessary or appropriate.