

Case Number:	CM14-0013528		
Date Assigned:	02/26/2014	Date of Injury:	08/03/2004
Decision Date:	08/06/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in 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 61 year-old individual who was reportedly injured on 8/3/2004. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated 1/10/2014 indicates that there are ongoing complaints of neck pain and headaches. The physical examination demonstrated cervical spine: range of motion is restricted in all directions especially flexion and extension. Positive tenderness over the right sacral nerve and based skull. Left side is much less tender and has much less muscle spasm. Upper extremity reflexes and muscle strength are within normal limits, neurological exam is unremarkable. No recent diagnostic studies are available for review today. Previous treatment includes nerve blocks, medications to include Tylenol with codeine, Cymbalta and Vicodin. A request had been made for lidoderm patch #30, cymbalta 60MG #60, and was not certified in the pre-authorization process on 1/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, LIDOCAINE AND TOPICAL ANALGESICS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 OF 127.

Decision rationale: Topical analgesics such as the Lidoderm patch is recommended only as an option as indicated below. It is deemed largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. After review of the medical records provided it is noted the injured worker does have tenderness on the occipital nerve/base of the skull, however there is no documentation of neuropathic pain and failure of recommended first-line agents such as antidepressants/anti-convulsives. Therefore the request for this Lidoderm patch is deemed not medically necessary.

CYMBALTA 60MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SPECIFIC ANTIDEPRESSANTS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 OF 127.

Decision rationale: Serotonin-norepinephrine reuptake inhibitors such as Cymbalta are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. After review of the medical records provided there is no documentation of neuropathic pain upon physical examination of this injured worker. Therefore the request for this medication according to the California Medical Treatment Utilization Schedule guidelines is deemed not medically necessary.