

Case Number:	CM14-0015860		
Date Assigned:	03/05/2014	Date of Injury:	07/13/2000
Decision Date:	07/23/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/07/2014

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. 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 59 year-old female who is reported to have a date of injury of 06/12/13. The mechanism of injury is not described. The injured worker is reported to have sustained orthopedic injuries, carpal tunnel syndrome, sleep disturbance disorder and chronic pain syndrome. Serial clinical records also report low blood pressure with radiation into the left thigh. Per these serial notes the injured worker's symptoms wax and wane. It is reported that the injured worker receives some benefit from her medications allowing for some activities of daily living. The serial notes do not provide any detailed physical examinations. There was no documentation regarding compliance testing presented.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The request for Lidoderm Patches is not supported as medically necessary. The submitted clinical records indicate the injured worker has multiple complaints and a chronic

pain syndrome. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic, Serotonin-Norepinephrine Reuptake Inhibitors anti-depressants or gabapentin or Lyrica). This is not a first-line treatment and is only Food and Drug Administration approved for post-herpetic neuralgia. The records contain no specific data to establish failure of first line therapies or functional improvements as a result of this medication therefore it is not medically necessary.

PERCOCET 10/325 EVERY 4 HOURS FOR PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: The clinical records indicate the injured worker has multiple subjective complaints of pain. The submitted records fail to provide detailed clinical information to include physical examination results. The records fail to establish meaningful functional improvements as a result of this medication. There is no indication that the prescribers monitor the injured worker's use. Therefore, based on the limited data presented medical necessity has not been established. The request for Percocet 10/325 mg for pain is not supported as medically necessary.

FLORICET: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The submitted records report the injured worker has headaches with reductions in medications. This is most likely withdrawal. The records do not indicate the injured worker has been evaluated for these headaches. California Medical Treatment Utilization Schedule Guidelines does not support the use of barbiturate containing analgesics (BCA's) in the treatment of chronic pain. The guides further note a high risk of abuse. As the injured worker is not currently being monitored the potential represents a poor choice for headache management. The request for Floricet is not medically necessary.

KLONOPIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 24.

Decision rationale: The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. Furthermore, the request is nonspecific in regards to dose, frequency, duration, or quantity In regards to the use of Klonopin based on the clincial documentatin provided for review and current evidence based guideline recommendations, this medication is not medically necessary.