

Case Number:	CM14-0110789		
Date Assigned:	08/01/2014	Date of Injury:	08/06/2008
Decision Date:	10/22/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/16/2014

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 Occupational 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:

This 42 year old patient had a date of injury on 6/6/2008. The mechanism of injury was cumulative trauma and repetitive strain while performing job duties which includes using mouse and keyboard. In a progress noted dated 6/16/2014, the patient complains of chronic complaints in her neck, upper back, right shoulder, right arm, and right hand. There is numbness and tingling in right elbow and the thumb, as well as weakness in right arm. On a physical exam dated 6/16/2014, hypertonicity, tenderness and tight muscle band is noted on right side of thoracic spine, and trigger points with radiating pain and twitch tight muscle band is noted on right side. The diagnostic impression shows cervical pain, extremity pain, shoulder pain, and thoracic pain. Treatment to date includes medication therapy, behavioral modification, and acupuncture. A UR decision dated 7/8/2014 denied the request for Vicodin 5/300#30, stating there was no documentation of maintained increase in function, and weaning is indicated. Flexeril 7.5mg #30 was denied, stating there was no documentation of maintained increase in function. Lidocaine 5% patches #30 was denied, stating that there was no documentation of failure of 1st line oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP Tab 5-300mg QTY: 30: 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 Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the 6/16/2014 progress report, there was no evidence of functional improvement noted with the opioid regimen. Furthermore, urine drug screens were not provided for review. Therefore, the request for Vicodin 5/300 quantity 30 is not medically necessary.

Cyclobenzaprine Tab 7.5mg Day Supply: 30 Qty: 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 Page(s): 41-42.

Decision rationale: According to page 41 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-operative use. The addition of Cyclobenzaprine to other agents is not recommended. However, in the 6/16/2014 progress report, there was no documentation of an acute exacerbation of pain. Furthermore, this patient is documented to be on Flexeril since at least 5/23/2014, and chronic use is not recommended. Therefore, the request for Cyclobenzaprine 7.5mg #30 is not medically necessary.

Lidocaine Pad 5% QTY: 30: 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 Page(s): 56-57.

Decision rationale: The California MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica). Official Disability Guidelines states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, in the 6/16/2014 progress report, there was no evidence of a failure of a 1st line oral analgesic regimen. Therefore, the request for Lidocaine Pad 5% #30 is not medically necessary.