

Case Number:	CM14-0128193		
Date Assigned:	09/23/2014	Date of Injury:	08/16/2011
Decision Date:	12/03/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/12/2014

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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 8/18/11. She was seen by her provider on 7/28/14 for medication refills. Her exam showed tight, tender paravertebral muscles in the cervical area right > left. Her trapezius and rhomboid muscles were also tight on the right. Her diagnoses were cervical strain, strain unspecified of back, strain shoulder/upper arm and acute pain due to trauma. At issue in this review is the request for lidocaine pad, hydrocodone/apap and Methocarbam Tab. Length of prior prescription is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% Day Supply: 30 Qty: 30 Refills: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56-57; 112.

Decision rationale: Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. This injured worker has chronic cervical spine and shoulder pain.

Topical lidocaine is FDA approved only for post-herpetic neuralgia and he does not have this diagnosis. The medical records do not support medical necessity for the prescription of lidocaine pad in this injured worker.

Methocarbam Tab 750mg Day Supply: 30 Qty: 30 Refills: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 7/14 fails to document any discussion of efficacy or side effects to justify use. There is tightness documented on physical exam but no spasms. The medical necessity of methocarbamol is not supported in the records.

Hydroco/Apap Tab 10-325mg Day Supply: 15 Qty: 60 Refills: 00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 7/14 fails to document any discussion of efficacy or side effects to justify use. There is tightness documented on physical exam but no spasms. The medical necessity of methocarbamol is not supported in the records. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of hydrocodone/apap is not substantiated.