MAXIMUS Federal Services

Case Number:	CM14-0131189		
Date Assigned:	08/20/2014	Date of Injury:	06/26/2012
Decision Date:	09/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/18/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California & Washington. 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 42-year-old female who reported an injury on 06/26/2012 due to cumulative trauma. On 06/24/2014, the injured worker presented with sharp, stabbing neck pain. On examination of the cervical spine, there was normal lordosis and tenderness to palpation in the cervical and upper thoracic paraspinal muscles. There was mild tenderness to palpation with the bilateral trapezii. There was a positive left foraminal compression test. There was decreased sensation about the distal forearm and thumb on the left. Examination of the knee revealed effusion without erythema, mild lateral tracking of the patella bilaterally. There was tenderness to palpation along the patellofemoral joint bilaterally and tenderness to palpation along the medial joint line on the right. Diagnoses were myoligamentous cervical spine sprain/strain, cervical spondylosis, tendonitis, myoligamentous lumbar spine sprain/strain, lumbar spondylosis, patellofemoral pain syndrome. A current medication list was not provided. The provider recommended Ultram and Lidoderm; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Ultram 50mg #60 is not medically necessary. California MTUS recommends the use of opioids in ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation for aberrant drug use, behaviors, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Lidoderm 5% #30: Upheld

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

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

Decision rationale: The California MTUS recommends Lidoderm 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is a lack of documentation that the injured worker has had diagnoses congruent with the guideline recommendation for Lidoderm. Additionally, there is lack of evidence that the injured worker failed a trial of any tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted or the site that it is indicated for. As such, the request is not medically necessary.