

Case Number:	CM14-0139291		
Date Assigned:	09/10/2014	Date of Injury:	06/02/1998
Decision Date:	12/04/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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 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 reported injury on 06/02/1998. The mechanism of injury was not stated. The current diagnosis is right cervical facet mediated pain. The injured worker was evaluated on 08/14/2014 with complaints of 6/10 neck pain and bilateral shoulder pain. Previous conservative treatment includes medication management, TENS therapy, cervical medial branch blocks, and a cervical radiofrequency ablation. The current medication regimen includes Hydrocodone 5/325 mg, Gabapentin 600 mg, and Lidoderm 5% patch. The patient's physical examination revealed a normal gait, tenderness at the right cervical facet joints, myofascial tenderness in the right upper trapezius, and positive right sided cervical pain with extension and rotation. Treatment recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 09/2013. There is no documentation of objective functional improvement. There is no documentation of a written pain consent or agreement for chronic use of an opioid. Previous urine toxicology reports, documenting evidence of non-aberrant behavior and patient compliance were not provided. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.

Gabapentin 600 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines state Gabapentin has been recommended for neuropathic pain. The injured worker has utilized this medication since 2009. There is no documentation of objective functional improvement. The injured worker maintains the diagnosis of cervical facet mediated pain. The medical necessity for an anticonvulsant has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Lidoderm Patches

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

Decision rationale: California MTUS Guidelines state Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line treatment with antidepressants and anticonvulsants. There is no documentation of a failure to respond to first line treatment. The injured worker has utilized this medication since 09/2013 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.