

Case Number:	CM14-0154811		
Date Assigned:	09/24/2014	Date of Injury:	09/16/2009
Decision Date:	10/31/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old female, who reported an injury on 09/16/2009. Reportedly, when she went to lock the front door of the store after closing, a 6 foot piece of metal (security sensor) struck her on the top of her head. The injured worker's treatment history included EMG/NCV study, medications, neurological evaluation, MRI studies, and physical therapy sessions. The injured worker was evaluated on 08/14/2014, and it was documented the injured worker complained of persistent neck and right upper extremity pain. She also had bilateral wrist and hand pain associated with numbness in the left hand. The injured worker felt that her left hand numbness was persistent and wakes her up in the middle of the night. Physical examination: The cervical spine revealed muscles spasms and stiffness noted in the cervical spine. Trigger points noted in the right shoulder region musculature. Dysesthesia noted to light touch in the right C5 and C6 dermatomes. Dysesthesia noted to light touch in the left median nerve distribution. Otherwise, no change noted. Medications included tizanidine 2 mg, Norco 7.5/325 mg, and Lidoderm 5% patches. Diagnoses included clinically consistent right cervical radiculopathy, chronic neck pain, myofascial pain syndrome, headache post injury, and left bicipital tendinitis. The Request for Authorization, dated 08/22/2014, was for tizanidine 2 mg, Norco 7.5/325 mg, and Lidoderm patches 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #60 with three (3) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,66.

Decision rationale: The request is not medically necessary. The California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. The documents submitted indicated the injured worker received prior conservative care; however, the outcome measurements were not provided. Furthermore, the documentation failed to indicate how long the injured worker has been on Tizanidine and functional improvement while being on the medication. The request did not include frequency of medication for the injured worker. Moreover, the guidelines do not recommend Ttizanidine to be used for long term use. As, such the request for Tizanidine 2mg, #60 with three (3) refills is not medically necessary.

Norco 7.5/325mg #60 with three (3) refills: Upheld

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

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

Decision rationale: The request for Norco 7, 5/325mg is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. There was lack of evidence of outcome measurements of conservative care such as, medication pain management or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker. As, such, the request for Norco 7.5/325mg # 60 with three (3) refills is not medically necessary.

Lidoderm patch 5% #30 with three (3) refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for post-herpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the outcome measurements of home exercise regimen and long-term functional goals for the injured worker. The duration of use could not be established through supplied documentation. As such, the request for Lidoderm Patches 5% # 30 with three (3) refills is not medically necessary.