MAXIMUS Federal Services

Case Number:	CM14-0159130		
Date Assigned:	10/02/2014	Date of Injury:	01/12/2010
Decision Date:	11/04/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/29/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 55-year old female who sustained an industrial injury on 04/01/95 due to cumulative trauma. Her history included trigger fingers status post trigger finger release, wrist tendonitis and cervical sprain/strain. Her treatment included Physical therapy, work modification, chiropractic treatment, cortisone injection, Norco and Naprosyn. During her visit in April 2014, she was noted to have improvement in pain with medications, including Naprosyn and Norco. Her progress note from 08/29/14 was reviewed. She reportedly went to Kaiser ER for severe neck and shoulder pain. She was told she had cervical radiculitis and was given medications. Baclofen had been helpful. She reported that she always had neck pain. Her range of motion of neck was limited.Diagnoses included chronic cervical strain and sprain. Plan of care included an open MRI of C spine, Baclofen, Naprosyn, Norco and Lidogel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidogel to affected area twice daily 121 grams (Rx 8/29/14) QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidocaine Page(s): 112.

Decision rationale: According to MTUS, Chronic Pain Medical Treatment guidelines, topical lidocaine is recommended for neuropathic pain in the form of Lidoderm patch. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The employee didn't have neuropathy and since the formulation is a gel and not Lidoderm patch, the request for Lidogel is not medically necessary or appropriate

Norco 10/325mg every 4-6 hours as needed (Rx 8/29/14) QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

Decision rationale: According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for wrist tendonitis, trigger finger and cervical sprain/strain. There is no documentation of improvement of pain with a numerical pain scale and there is no evidence that there is functional improvement from taking Norco. She was reported not to be working. There is no recent urine drug screen or CURES report to address aberrant behavior. Given the lack of clear documentation on functional improvement and lack of efforts to rule out unsafe usage, the criteria for continued use of Norco have not been met. The request for Norco is not medically necessary or appropriate.