

Case Number:	CM14-0166019		
Date Assigned:	10/13/2014	Date of Injury:	12/02/2011
Decision Date:	11/18/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/08/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 51-year-old woman who sustained a work related injury on December 2, 2011. Subsequently, she developed chronic neck and shoulder pain. According to the progress report dated August 12, 2014, the patient reported right shoulder loss of range of motion. She rated her pain as a 7/10 and described the pain as popping and cracking with movement. The patient also reported stiffness of neck with pain rated as a 6-7/10. Her physical examination revealed right shoulder tenderness with limited range of motion. There was tenderness of the cervical spine with spasms. There was elbow tenderness over lateral epicondyle and medial epicondyle. There was decreased sensation over C5-C8. The patient was diagnosed with right shoulder internal derangement, right hand carpal tunnel syndrome, cervical spine sprain/strain and radiculopathy, anxiety, and depression. The provider requested authorization for Xolido, topical compound, toradol injection, and pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolido 2 Percent: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Xolido is a topical lidocaine. 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). In this case, there is no documentation that the patient developed neuropathic pain that did not respond for first line therapy. There is no strong evidence supporting the efficacy of topical lidocaine in chronic neck and shoulder pain. There is no evidence of neuropathic origin of the patient pain. Therefore, the prescription of Xolido 2 Percent is not medically necessary.

Topical Compound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical cream is not medically necessary

Toradol Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 127.

Decision rationale: According to MTUS guidelines, Toradol is not indicated in case of minor or chronic painful condition. Therefore the prescription of Toradol is not medically necessary.

Pain Management Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: < Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) >. There is no clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Pain Management evaluation is not medically necessary.