

Case Number:	CM14-0170931		
Date Assigned:	10/23/2014	Date of Injury:	11/06/2012
Decision Date:	11/25/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/16/2014

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 Pain Medicine and is licensed to practice in Florida. 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:

6/26/14 PR-2 notes pain in the cervical spine, lumbar spine, right shoulder and arm. Pain is 8/10 with reduction to 6/10 with Norco. The insured reports the medication allows them to be more active and do activities of daily living. Examination notes pain in the cervical region with decreased sensation in the right C4-C8. There is decreased sensation in median and ulnar distribution on the right with positive Phalen's and Tinel's. There was weak grip strength of 4/5. 5/30/14 MRI is reported to show DJD of the lumbar spine. 9/27/14 note indicates the same pain and physical findings with recommendation of using Motrin and Elavil with ongoing opioid mitigation plan including UDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (no quantity or strength given): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-79.

Decision rationale: The medical records support the insured has a chronic pain condition that has not improved over time with conservative therapy and for which the insured reports

functional benefit with the therapy on an occasional use. MTUS guidelines support opioid treatment for pain that has failed other conservative care with demonstrated functional gain from opioids and for whom ongoing opioid risk mitigation is performed. The medical records support there is ongoing opioid risk use mitigation tools being used and good functional benefit but does not specify the amount of dose or quantity or interval of dosage. As such there is no supported use of opioid for the insured therefore, this request is not medically necessary.

Diclofenac/ Lidocaine cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The medical records provided for review do not indicate failure of oral administered NSAIDS or side effects related to oral NSAIDS in support of use of topical NSAIDS. Topical agents are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. As such the medical records provided for review do not support Diclofenac/Lidocaine topical cream.