

Case Number:	CM14-0026442		
Date Assigned:	06/20/2014	Date of Injury:	07/15/2002
Decision Date:	07/17/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/03/2014

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 Texas. 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 39 year old female who reported an injury on 07/15/2002 that was sustained while attempting to lift a heavy box. The injured worker was diagnosed with chronic cervical sprain; cervical neuritis; cephalgia; chronic thoracic sprain; chronic lumbar sprain, lumbago; and lumbar neuritis. The injured worker was placed on conservative care including physical therapy, aqua therapy, TENS unit, an at home lumbar traction device, chiropractic care, acupuncture and electro-acupuncture. Her medications are Butrans, Lidoderm patch, Flexeril, Trazodone, Neurontin, Vicodin, and Ultram ER. The injured worker is currently not working at this time. Her condition has not improved sufficiently to return to work at this time. The physician for the injured worker is requesting Vicodin 5/500 mg, 90 tablets with one (1) refill, Lidoderm 5% patch 30 count with one refill, and Ultram ER 300 mg 30 count with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/300MG #90 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 82.

Decision rationale: Under the MTUS Chronic Pain Guidelines for opioids, this medication is not a first-line treatment for neurological pain. The injured worker still has not returned to work due to continued pain and discomfort. The request does not include a frequency. As such, the request is not medically necessary and appropriate.

LIDODERM 5% PATCH #30 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Non-Neuropathic Pain, Page(s): 112.

Decision rationale: Under the MTUS Chronic Pain Guidelines for opioids, this medication is not a first-line treatment for neurological pain. The injured worker still has not returned to work due to continued pain and discomfort. The request does not include a frequency. As such, the request is not medically necessary and appropriate.

ULTRAM ER 300MG #30 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): page 93.

Decision rationale: Under the MTUS Chronic Pain Guidelines for opioids, this medication is not a first-line treatment for neurological pain. The injured worker still has not returned to work due to continued pain and discomfort. The request does not include the frequency. As such, the request is not medically necessary and appropriate.