

Case Number:	CM14-0034117		
Date Assigned:	06/20/2014	Date of Injury:	07/12/2006
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/18/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 64-year-old gentleman who was reportedly injured on July 12, 2006 the mechanism of injury is a metal support falling on the hand, elbow, shoulder, and neck. The most recent progress note dated January 2, 2014, indicates there are ongoing complaints of neck and shoulder pain. Current medications were stated to include Gabapentin, Dilaudid, Ibuprofen, Lidoderm, Cymbalta, Nucynta, and Levothyroxine The physical examination demonstrated pain at the right shoulder, depression, insomnia, and sleep disturbance. Diagnostic imaging studies objectified right shoulder supraspinatus, infraspinatus, and subscapularis tendinopathy. An MRI of the cervical spine noted hypertrophic facet changes at C4/C5 and C5/C6. Previous treatment includes cervical facet block with excellent relief and a cervical radiofrequency ablation with 60% improvement for two week's time. A request was made for Lidoderm Patches and Dilaudid and was not medically necessary in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, one to two patches applied topically for 12 hours on 12 hours off, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 112.

Decision rationale: Lidoderm Patches are indicated for localized neuropathic pain after a trial of a first-line therapy such as an antidepressant or an anti-epilepsy medication. The injured employee is currently taking Gabapentin which is assumed to be effective as it's continuously prescribed. Therefore, it is unclear why there is an additional request for lidocaine patches. This request for Lidoderm Patches is not medically necessary.

Dilaudid 2mg, take 1 daily, #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26, MTUS (Effective July 18, 2009) Page(s): 88.

Decision rationale: Dilaudid is an opioid medication indicated short-term usage to control moderate to severe pain. Continued use of this medication should be justified by objective measure of pain control, as well as increased ability to work and perform activities of daily living. There should also be documentation regarding side effects and potentially aberrant behavior. Without this information this request for Dilaudid is not medically necessary.