

Case Number:	CM14-0040781		
Date Assigned:	06/27/2014	Date of Injury:	09/11/2010
Decision Date:	07/29/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/06/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, ankle pain, neck pain, upper back pain, and low back pain reportedly associated with an industrial injury of September 11, 2010. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation, topical agents and opioid therapy. In a Utilization Review Report dated March 14, 2014, the claims administrator partially certified Vicodin, apparently for weaning purposes and denied Lidoderm patches outright. The applicant's attorney subsequently appealed. In a medical-legal evaluation of January 13, 2014, the applicant was apparently given a 14% whole person impairment rating. It was stated that the applicant would not be able to return to her former occupation. On January 21, 2014, the applicant represented with persistent complaints of multifocal knee, ankle, neck, upper back, and low back pain. The applicant was using Elavil at night as well as an H-Wave home care system, it was stated. Ninety Lidoderm patches with three refills were provided. One hundred- twenty tablets of Vicodin were also provided. The work restrictions were endorsed. There was no discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Vicodin 5/500mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. There is no evidence of any decrements in pain or improvements in function achieved as a result of ongoing Vicodin usage. The attending provider did not incorporate any discussion of medication efficacy into his progress note. Therefore, the request is not medically necessary.

1 prescription of Lidoderm patches #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 112, Topical Lidocaine section.2. MTUS 9792.20f. Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidocaine or Topical Lidoderm is indicated in the treatment of the localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, the applicant's ongoing usage of Elavil, an antidepressant adjuvant medication, effectively obviates the need for Lidoderm patches. As with the other medications, it is further noted that the attending provider has not incorporated any discussion of medication efficacy into his decision to continue Lidoderm. The fact that the applicant remains off of work and remains highly reliant on opioid therapy with Vicodin, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite ongoing Lidoderm patch usage. Therefore, the request is not medically necessary.