

Case Number:	CM14-0046106		
Date Assigned:	07/02/2014	Date of Injury:	06/20/2013
Decision Date:	08/20/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/14/2014

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 has filed a claim for hip pain reportedly associated with an industrial injury of June 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; topical agents; at least six prior sessions of acupuncture, per the claims administrator; and unspecified amounts of physical therapy. In a March 24, 2014 Utilization Review Report, the claims administrator approved a hip injection under fluoroscopy, denied Vicodin, denied Lidoderm patches, approved Ambien, approved six sessions of acupuncture, and denied a psychiatry referral. The claims administrator stated that the guidelines did not support a psychiatry referral if an applicant was past the acute phase of an injury. The claims administrator did not state on what guidelines he was basing that particular denial. The claims administrator also cited ODG and Acupuncture Guidelines in the decision to approve acupuncture. The applicant's attorney subsequently appealed. A March 14, 2014 progress note was notable for comments that the applicant reported persistent complaints of low back pain and hip pain ranging from 4 to 8/10. The applicant was having difficulty with sitting, prolonged standing, and prolonged walking, it was noted. The applicant was able to lift articles weighing up to 8 pounds. The applicant stated that she recently resumed working full-time. The applicant was able to sleep up to five hours a day. The applicant suggested that pain medications were ameliorating her ability to work, bend, lift, and squat. Acupuncture, Vicodin, Lidoderm patches, Ambien, and a hip injection under fluoroscopy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Vicodin 5/325mg: Overturned

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

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 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 has returned to work. The applicant is reporting appropriate reduction in pain levels from 8/10 to 4/10 with ongoing opioid therapy. The applicant states that her ability to perform activities of daily living, both work and non-work, have been ameliorated as a result of ongoing opioid therapy and that the same is allowing her successful work status. Therefore, the request for Vicodin is medical necessary.

30 Lidoderm 5% patches: 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 page 112, Topical Lidocaine section. Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine or Lidoderm is indicted in the treatment of 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, however, there has been no evidence that antidepressants and/or anticonvulsants were trialed and/or failed before Lidoderm patches were sought. No rationale for selection and/or ongoing usage of Lidoderm was proffered by the attending provider. Therefore, the request is not medically necessary.

1 Referral to Psychiatry: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 1. Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has persistent multifocal chronic pain complaints. Conservative management has not been entirely successful

in ameliorating the same. Obtaining the added expertise of physician specializing in chronic pain, such as a psychiatrist, is indicated. Therefore, the request is medically necessary.