

<b>Case Number:</b>	CM14-0056876		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/15/2004
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Nevada. 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 59-year-old female who was reportedly injured on May 15, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 30, 2014, indicated that there were ongoing complaints of headaches, neck pain, and pain of both upper extremities and lethargy. It was also noted a recent epidural steroid injection provided "substantial relief". The physical examination demonstrated tenderness in the posterior cervical spine region, a positive Spurling's test, to pinwheel in the right upper extremity, and strength of 4+/5 of the interosseous musculature. Diagnostic imaging studies objectified facet joint degenerative changes. Previous treatment included multiple medications, physical therapy, injection therapies and other pain management techniques. A request was made for multiple medications and was not certified in the pre-authorization process on March 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Lidoderm Patches 5% Patch Quantity 30 (DOS: 2/13/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

**Decision rationale:** When noting the date of injury, the injury sustained the history of a previous cervical fusion (C4-C7) and that there are ongoing complaints of bilateral upper extremity and cervical spine pain, there is no indication that previous interventions with this type of patch have demonstrated any efficacy or utility. Therefore, when taking into account the parameters noted in the California Medical Treatment Utilization Schedule, there is no clear clinical indication to establish the medical necessity of this medication.

**Retrospective: Neurontin 300 MG Quantity 90 (DOS: 2/13/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17. Decision based on Non-MTUS Citation FDA.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

**Decision rationale:** The use of this medication is to address neuropathic lesions. It was noted that there was a cervical fusion from C4-C7. There are changes but there is no objectification of a specific nerve root compromise. Therefore, based on lack of clinical information and taking the consideration the parameters noted in the California Medical Treatment Utilization Schedule relative to demonstrating the efficacy of this medication, there is no clear clinical indication to establish the medical necessity to continue this preparation.

**Retrospective: Norco 5/325 MG Quantity 90 (DOS: 2/13/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** When noting the date of injury, the injury sustained, the surgical intervention completed, the pathology noted on imaging studies and the absolute demonstration that there is no efficacy or utility with this medication in terms of alleviating pain complaints, there is insufficient clinical evidence presented to establish the medical necessity to continue a narcotic medication that is not demonstrating any efficacy. Therefore, when noting the parameters outlined in the California Medical Treatment Utilization Schedule, there is no clinical indication presented to support the medical necessity of medication.

**Retrospective: Meloxicam 15 MG Quantity 30 (DOS: 12/17/13): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**Decision rationale:** When noting the date of injury, the injury sustained, the amount of surgery completed and the findings noted that there is a multiple level spondylosis throughout the cervical spine, and there is canal and foraminal stenosis, there are inflammatory lesions that warrant a non-steroidal anti-inflammatory medication. As such, I do believe there is a medical necessity to continue this preparation.

**Retrospective: Pristiq 50 MG Quantity 30 (DOS: 12/17/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**Decision rationale:** In the last several progress notes reviewed, there is no discussion of depression. Therefore, it is not clear why this medication is being employed. This lack of competent clinical medical evidence fails to establish the medical necessity for the ongoing use of this preparation.