MAXIMUS Federal Services

Case Number:	CM14-0072018		
Date Assigned:	07/16/2014	Date of Injury:	03/01/2001
Decision Date:	09/22/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/19/2014

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 neck and low back pain reportedly associated with an industrial injury of March 1, 2001.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; epidural steroid injection therapy; earlier left and right shoulder arthroscopies; thoracic rib resection; and extensive periods of time off of work.The claims administrator apparently failed to approve request for cervical epidural steroid injection and Lyrica through the utilization review process. The applicant's attorney subsequently appealed.In an April 7, 2014 progress note, the applicant reported persistent complaints of neck pain radiating to the bilateral upper extremities and persistent complaints of low back pain also radiating to the bilateral lower extremities. The applicant was status post lumbar epidural steroid injection on January 24, 2014 and status post a cervical epidural steroid injection on November 15, 2013, it was stated. The applicant had run out of Lyrica and apparently requested a refill of the same, it was further noted. The applicant was described as "currently not working." The attending provider stated that the applicant was "crippled" with functional disability, was having difficulty performing even basic activities of daily living. The attending provider sought authorization for the cervical epidural steroid injection at C4-C6 while also seeking authorization for Lidoderm patches and Lyrica. Cymbalta, Norco, Desyrel, and Klonopin were also renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C4-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Neck & Upper back Procedure Summary last updated 03/07/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request in question represents a repeat cervical epidural block. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat block should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is off of work. The applicant remains highly reliant and highly dependent on medical treatment, including at least six different analgesic, adjuvant, and psychotropic medications including Lidoderm, Lyrica, Cymbalta, Norco, Desyrel, Klonopin, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite at least one prior cervical epidural steroid injection. Therefore, the request is not medically necessary.

Lidoderm 5% patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial first line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant's ongoing usage of Lyrica, an anticonvulsant adjuvant medication, and Cymbalta, an antidepressant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.