

Case Number:	CM14-0074508		
Date Assigned:	07/16/2014	Date of Injury:	12/19/2005
Decision Date:	08/22/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/21/2014

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 California and Washington. 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 61-year-old male who reported an injury on 12/19/2005 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his bilateral upper extremities. The injured worker's chronic pain was initially managed with medications. The injured worker was evaluated on 06/23/2013. It was documented that the injured worker had pain in the right first dorsal compartment with a positive Finkelstein's test. The injured worker's diagnoses included DeQuervain's tenosynovitis. The injured worker's treatment plan included the continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% Quantity 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 Analgesics Page(s): 111.

Decision rationale: The requested Lidoderm patches 5% (Quantity: 30.00) are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of Lidoderm patches when the injured worker has failed to respond to first-line

medications, to include oral anticonvulsants. The clinical documentation submitted for review does not provide any evidence that the injured worker had failed to respond to oral anticonvulsants prior to the requested date of service. Therefore, the use of a topical application of lidocaine would not be indicated in this clinical situation. Additionally, the request as it is submitted does not provide a frequency of treatment or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. Thus the request is not medically necessary.

10 medications Lyrica 75 mg Quantity 600 between 6/29/13 and 3/31/14.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Anti-Epileptics Page(s): 60 and 16.

Decision rationale: The requested 10 medications Lyrica 75 mg (Quantity: 600.00) between 06/29/2013 and 03/31/2014 are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends anticonvulsants as a first-line medication for chronic pain. However, the California Medical Treatment Utilization Schedule recommends that medications used in the management of chronic pain be supported by documented functional benefit and pain relief. The clinical documentation does not provide any evidence that the injured worker has been receiving pain relief or functional benefit resulting from the medication usage. Additionally, the requested 10 medications could be interpreted as refills. This does not allow for timely re-evaluation or assessment of efficacy to support the continued use. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 10 medications Lyrica 75 mg (Quantity: 600.00) between 06/29/2013 and 03/31/2014 are not medically necessary or appropriate.

6 medications Soma 350 mg Quantity 540 between 8/5/113 and 3/18/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested 6 medications Soma 350 mg (Quantity: 540.00) between 08/05/2013 and 03/18/2014 are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that muscle relaxants be used for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbation of chronic pain. The clinical documentation submitted for review does not provide any evidence that the injured worker is undergoing an acute exacerbation of chronic pain. Therefore, the use of this medication would not be indicated as the quantity requested exceeds the recommended duration of treatment. Furthermore, the request as it is submitted did not provide a frequency of treatment. In the

absence of that information, the appropriateness of the request itself cannot be determined. As such, the requested 6 medications Soma 350 mg (Quantity: 540.00) between 08/05/2013 and 03/18/2014 are not medically necessary or appropriate.