MAXIMUS Federal Services

Case Number:	CM14-0078539		
Date Assigned:	07/18/2014	Date of Injury:	12/12/2013
Decision Date:	09/11/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/28/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 34-year-old with a reported date of injury of 12/12/2013 that occurred from a fall from a roof. The patient has the diagnoses of cervical sprain/strain, lumbar radiculitis and tinnitus. Per the progress notes provided by the primary treating physician dated 03/04/2014, the patient had complaints of mild neck pain with intermittent headaches and low back pain with right buttock pain. Physical exam noted restriction in range of motion in the cervical and lumbar spine with negative straight leg raise test. Treatment plan consisted of referral to an orthopedist. Progress notes from the orthopedist dated 03/14/2014 states the patient had complaints of head, neck, low back and mid back pain that is rated a 4/10. Physical exam noted decreased range of motion in the spine, decreased sensation in the right C6 and C8 dermatomes and the right L4-5 dermatomes. Past treatment modalities include chiropractic care. Treatment recommendations included request for EMG/NCV of the bilateral extremities, acupuncture, medications, x-ray of the cervical spine and Ear, Nose, Throat (ENT) consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment 4oz: Upheld

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

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

Decision rationale: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-norepinephrine reuptake inhibitors (SNRI), anti-depressants or an Anti-Epilepsy Drugs (AEDs) such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. There is no provided documentation of failure of first-line therapy for neuropathic pain thus the request is not medically necessary and appropriate.

hydrocodone/APAP 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states:-Neuropathic pain: Opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy.On-Going Management. Actions Should Include:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family membersor other caregivers should be considered in determining the patient's response totreatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)(d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain dairy that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management.(e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control.(f) Documentation of misuse of medications (doctor-shopping, uncontrolled drugescalation, drug diversion).(g) Continuing review of overall situation

with regard to nonopioid means of paincontrol.(h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse.The patient was initially prescribed Tramadol and then switched to the requested medication. There is no provided documentation of failure of first line therapy choices for neuropathic pain. In addition the documentation has not met criteria for ongoing use of opioids as set forth above. The request is not medically necessary and appropriate.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-308.

Decision rationale: The ACOEM section on low back complaints and special diagnostics states:Unequivocal objective findings that identify specific nerve compromiseon the neurologic examination are sufficient evidence to warrant imaging inpatients who do not respond to treatment and who would consider surgeryan option. When the neurologic examination is less clear, however, furtherphysiologic evidence of nerve dysfunction should be obtained before orderingan imaging study. Indiscriminant imaging will result in false-positive findings,such as disk bulges, that are not the source of painful symptoms and donot warrant surgery. If physiologic evidence indicates tissue insult or nerveimpairment, the practitioner can discuss with a consultant the selection of animaging test to define a potential cause (magnetic resonance imaging [MRI] forneural or other soft tissue, computer tomography [CT] for bony structures).Per table 12-8, recommendations are for MRI when cauda equina, infection or fractures are strongly suspected and plain films are negative.The patient has no documentation of the consideration of surgery, cauda equina, infection or fracture. There is evidence on the physical exam of sensation changes in specific dermatomes but the rest of the criteria set forth has not been met and the request is not medically necessary and appropriate.