MAXIMUS Federal Services

Case Number:	CM14-0098063		
Date Assigned:	09/23/2014	Date of Injury:	04/29/1990
Decision Date:	12/19/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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 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:

This is a 57 year old female patient who sustained a work related injury on 4/29/1990. The exact mechanism of injury was not specified in the records provided. The current diagnoses include cervical radiculopathy, spinal stenosis and cervicalgia. Per the doctor's note dated 10/1/14, patient has complaints of neck pain. Physical examination revealed no acute distress, tenderness in the right levator scapulae, pain with extension of the neck and negative Spurling's test. The current medication lists include Hydrocodone, Lidoderm patch, and Salsalate. Diagnostic imaging reports were not specified in the records provided. She had received trigger point injection for this injury. She has had a urine drug toxicology report that was consistent. Other therapy done for this injury was not specified in the records provided. The patient has used a transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #30 1 refill: 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, Lidoderm (lidocaine patch) Page(s): 111-112, 56-57.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of the medication Lidoderm Patch 5% #30 1 refill is not fully established.

Norco 5/325mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids, Therapeutic Trial of Opioids Page(s): 76-80.

Decision rationale: Norco 10/325 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS, a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic; these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325mg # 120 is not established for this patient.

Salsalate 750mg # 90 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Salsalate belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs).According to CA MTUS Chronic Pain Medical Treatment Guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Salsalate for this injury. The current diagnoses include cervical radiculopathy, spinal stenosis and cervicalgia. Per the doctor's note dated 10/1/14, patient has complaints of neck pain and physical examination revealed tenderness in the right levator scapulae, pain with extension of the neck. NSAIDS like Salsalate are first line treatments to reduce pain. Salsalate 750mg # 90 1 refill use is deemed medically appropriate and necessary in this patient.