

Case Number:	CM14-0166350		
Date Assigned:	11/20/2014	Date of Injury:	02/22/2012
Decision Date:	01/08/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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 41 year old female who was injured on 2/22/2012. The diagnoses are cervical sprain, myofascial pain and cervical dystonia. The patient had completed PT, acupuncture and Botox treatments. On 9/9/2014, [REDACTED] noted subjective complaint of cervical and upper extremity pain. There were objective findings of tenderness to palpation of cervical pain and tender trigger points in the trapezius. There were no other abnormal findings documented. The medications are Voltaren XR and Lidoderm patch for pain and cyclobenzaprine for muscle spasm. An appointment for a Psychiatrist evaluation is pending approval. A Utilization Review determination was rendered on 9/22/2014 recommending non certification for Lidoderm 5% #60, Diclofenac 10mg #60 and Norflex ER 100 #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 percent TDSY #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) guidelines recommend that topical analgesic preparations can be utilized for the treatment of localized neuropathic pain that did not respond to standard treatment with non-steroidal anti-inflammatory drugs (NSAIDs), anticonvulsants and antidepressant medications. The records did not show that the patient failed the first line medications. There was no subjective or objective findings that was indicative of neuropathic pain. The criteria for the use of Lidoderm 5% #60 was not met.

Diclofenac Sodium 100mg TB24 #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) guidelines recommend that non-steroidal anti-inflammatory drugs (NSAIDs) can be utilized for the treatments of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with the development of renal, gastrointestinal and cardiac complications. The records did not show the presence of NSAIDs related adverse effects. The patient reported beneficial effects with the use of NSAIDs. The criteria for the use of Diclofenac 100mg #60 was met.

Norflex ER 100mg, 390: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard non-steroidal anti-inflammatory drugs (NSAIDs) and physical therapy treatments. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized Norflex longer than the maximum guideline recommended short term period. The criteria for the use of Norflex ER 100mg #90 was not met.