

Case Number:	CM14-0185903		
Date Assigned:	11/13/2014	Date of Injury:	01/27/2002
Decision Date:	03/16/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old female who sustained an industrial injury on 12/2/2002. She has reported neck pain. The diagnoses have included depression and status post a redo of anterior cervical discectomy and fusion at cervical 6-7 with iliac crest bone graft with posterior instrumentation from cervical 5-7 and posterior cervical fusion at cervical 6-7. Treatment to date has included physical therapy, home exercises and medication management. Currently, the IW complains of headaches, low back and neck pain. Treatment plan included Flector Patch #120 with 2 refills, Lidoderm Patch #120 with 2 refills and Tramadol 100 mg #60 with 2 refills. On 11/6/2014, Utilization Review non-certified Flector Patch #120 with 2 refills and Lidoderm Patch #120 with 2 refills, noting lack of medical necessity and modified the Tramadol 100 mg #60 with 2 refills to #60 with no refills to allow for weaning. The MTUS was cited. On 11/6/2014, the injured worker submitted an application for IMR for Flector Patch #120 with 2 refills, Lidoderm Patch #120 with 2 refills and Tramadol 100 mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, NSAIDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The injured worker sustained a work related injury on 12/2/2002. The medical records provided indicate the diagnosis of depression and status post a redo of anterior cervical discectomy and fusion at cervical 6-7 with iliac crest bone graft with posterior instrumentation from cervical 5-7 and posterior cervical fusion at cervical 6-7. Treatment to date has included physical therapy, home exercises and medication management. The medical records provided for review do not indicate a medical necessity for Flector patch #120 with 2 refills. The Official Disability Guidelines does not recommend this medication as a first line medication due to the high risk profile. When indicated it is recommended for Flector patch is FDA indicated for acute strains, sprains, and contusions; but the injured worker has not been diagnosed for any of the above acute injuries. The medication is not medically necessary and appropriate.

Lidoderm Patch #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The injured worker sustained a work related injury on 12/2/2002. The medical records provided indicate the diagnosis of depression and status post a redo of anterior cervical discectomy and fusion at cervical 6-7 with iliac crest bone graft with posterior instrumentation from cervical 5-7 and posterior cervical fusion at cervical 6-7. Treatment to date has included physical therapy, home exercises and medication management. The medical records provided for review do not indicate a medical necessity for Lidoderm Patch #120 with 2 refills. Lidoderm patch is a topical analgesic brand name for Lidocaine patch. The MTUS recommends it for the treatment of localized peripheral pain cause by post-herpetic neuralgia after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an Anti-epileptic Drugs like gabapentin. Since the injured worker has not been diagnosed of post herpetic neuralgia; therefore, the requested treatment is medically necessary and appropriate.

Tramadol 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Opioids for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 12/2/2002. The medical records provided indicate the diagnosis of depression and status post a redo of anterior cervical discectomy and fusion at cervical 6-7 with iliac crest bone graft with posterior instrumentation from cervical 5-7 and posterior cervical fusion at cervical 6-7. Treatment to date has included physical therapy, home exercises and medication management. The medical records provided for review do not indicate a medical necessity for Tramadol 100mg #60 with 2 refills.