

Case Number:	CM14-0188625		
Date Assigned:	11/19/2014	Date of Injury:	07/16/1990
Decision Date:	01/07/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/12/2014

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 & Rehabilitation 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:

The patient is a 67 year old female with date of injury 7/16/1990. The treating physician report dated 7/31/14 (12) indicates that the patient presents with pain affecting cervical spine. The physical examination findings in the single report provided were not legible. Prior treatment history was not provided in the treating physician's report. The UR report indicates that the patient is currently taking Vicodin. No MRI findings were included with the provided documents. The current diagnoses include thoracic outlet syndrome and dystonia. The utilization review report dated 11/5/14 denied the request for 2 Lidoderm 5% Patch 2 Times a day #60 with 3 Refills and Vicodin HP 10-300mg 4 times a day, outpatient, for cervical pain and radiculopathy because the medication is discussed without the benefit of titration. The UR report then notes that the requests were appropriate and that the medication can continue as prescribed but that additional attempts should be made to try and increase the level of medication in this individual.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Lidoderm 5% Patch 2 Times a day #60 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The patient presents with chronic pain affecting the cervical spine. MTUS guidelines state Lidoderm is "Not recommended until after a trial of a first-line therapy. Topical lidocaine may be recommended for localized neuropathic 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)." In this case there is only one treating physician report provided and it does not include any evidence of a trial of a first-line therapy. The utilization review states the Lidoderm decreased pain and increased function. The clinical application for Lidoderm was not provided in the medical records. Therefore the request is not medically necessary.

Vicodin HP 10-300mg 4 times a day, outpatient, for cervical pain and radiculopathy:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed. McGraw Hill, 2010, Physician's Desk Reference, 68th Ed, and www.RxList.com; and Epocrates On-line www.online.epocrates.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS chronic pain Page(s): 74-96.

Decision rationale: The patient presents with chronic pain affecting the cervical spine. MTUS pages 88-89 states "document pain and functional improvement and compare to baseline. 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 members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case there is only one treating physician report provided and it does not address the patients pain level, the four A's or the patients response to current opioid treatment. Furthermore there are no other reports provided in order to compare the patient's pain levels. Therefore the request is not medically necessary.