

Case Number:	CM15-0001761		
Date Assigned:	01/12/2015	Date of Injury:	02/09/2012
Decision Date:	03/11/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 37, year old female, who sustained an industrial injury on 2/9/2012 by a motor vehicle accident. She continues to have neck pain and headaches with upper and lower limb numbness mainly on left side. She has been referred to psychologist and pain management specialist. She has had x-rays, Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scan. Magnetic Resonance Imaging (MRI) on 3/14/13 noted minimal posterior disc bulging L5-S1 interspace without significant central spinal canal or definite neuroforaminal stenosis. The diagnoses have included back pain, depression, and headache and post concussion syndrome. The Physical Medicine Rehabilitation Evaluation with Permanent and Stationary Report noted 11/2014 that he injured worker is permanent and stationary for the musculoskeletal injuries to the neck and back and that it was discussed with injured worker that she had reached maximum medical improvement for the neck and back. 12/17/14 noted that the injured worker is under the care of a pain management specialist who recommended she stop driving due to concerns about patient and public safety. The documentation noted that she is under the care of a psychiatrist. The documentation noted that a QME was done 10/10/14 by a psychologist who stated that the injured worker reached her MMI regarding her physical symptomology but felt she should be evaluated by AME in the area of psychiatry. The documentation noted that the injured workers current condition was moderate in severity and was unchanged and continued to be unable to work. According to the utilization review performed on 12/24/14, the requested Vicodin 5/300mg QTY: 90.00; Lidoderm parches per box QTY: 1.00 and Flexeril 10mg QTY:

30.00 has been non-certified. The CA MTUS 2009 Chronic Pain Medical Treatment Guidelines were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80,91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Vicodin 5/300mg QTY: 90.00 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Vicodin 5/300mg QTY: 90.00 is not medically necessary.

Lidoderm parches per box QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: Lidoderm Patches per box QTY:1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines The guidelines state that 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. The patient has used Lidoderm without evidence of functional improvement. For these reasons the request for Lidoderm Patches is not medically necessary.

Flexeril 10mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and 64.

Decision rationale: Flexeril 10mg QTY:30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine since at least 2012. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine is not medically necessary.