MAXIMUS Federal Services

Case Number:	CM15-0134473		
Date Assigned:	08/19/2015	Date of Injury:	03/26/2010
Decision Date:	09/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/13/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 57 year old female, who sustained an industrial injury on 3-26-10. Initial complaints were not reviewed. The injured worker was diagnosed as having right ulnar neuritis; status post cubital tunnel release with persistent pin; allodynia; right carpal tunnel syndrome; right shoulder partial rotator cuff tear; right piriformis syndrome; lower extremity complex regional pain syndrome; depression; anxiety disorder; psychological factors effecting medical conditions; sleep disorder; gastroesophageal reflux disease; urinary urgency. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 5-8-15 indicated the injured worker reports she is doing poorly with severe anxiety. She remains on a low dose of Norco and reports without the medications her pain is intolerable. The provider notes she is severely anxious, depressed and heightened somatic function with persistent allodynia in the right upper extremity and left foot. Her urine drug screen was negative for opiates as she has ran out of her hydrocodone due to missing her last appointment. His treatment plan includes a request for a home cranial electrostimulation for her anxiety, chronic pain and headaches. She remains under the care of her psychiatrists and psychologist. The provider is requesting authorization of Ambien 10mg #30; Hydroxyzine 25mg #15; Lidoderm 5% patch #30 and Qualaquin 24mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Lidoderm (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-7.

Decision rationale: MTUS 2009 states that Lidoderm patches are FDA approved to treat post-herpetic neuralgia but research still needs to determine whether it is effective in treating other neuropathic disorders. The patient has undergone a cubital tunnel release and continues with localized pain whch is likely due to ulnar neuropathy. The use of Lidoderm in this case does not strictly adhere to MTUS 2009 but based upon the presence of localized neuropathic pain, its use is medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic): Zolpidem (Ambien) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem.

Decision rationale: ODG recommends against using hypnotic sedatives such as ambien on a longstanding basis. There is no explanation provided in the medical records stating why ODG recommendations should be disregarded concerning the use of Ambien. There is no obvious clinical benefit from its use demonstrated in the medical records. Ambien is not medically necessary.

Qualaquin 24mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katzber HD, Khan AH, So YT. Assessment: symptomatic treatment for muscle cramps (an evidence-based review): report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. Neurology, 2010 Feb 23; 74(8): 691-6. [36 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www2.ncdhhs.gov/dma/bulletin/1008bulletin.htm#quala.

Decision rationale: Medicaid only supports the use of quinine to treat malaria and does not support its use to treat nocturnal leg symptoms. The use of qualaquin to treat nocturnal leg cramps is not supported by Medicaid guidelines. The medical records do not demonstrate significant benefit from its use in this patient. This request for qualaquin is not medically necessary.

Hydroxyzine 25mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic): Anxiety Medications in Chronic Pain (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anxiety Medications in Chronic Pain.

Decision rationale: Hydroxyzine is supported by ODG to treat anxiety. The medication was denied since 5 refills of the medication had already been approved and there was no explanation provided in the medical record for the additional prescription. The medical records do not describe a change in dose. The ongoing use of Hydroxyzine is supported by ODG but this specific prescription is not medically necessary since the medication has already been provided.