

Case Number:	CM15-0197405		
Date Assigned:	10/12/2015	Date of Injury:	11/13/2001
Decision Date:	11/30/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/07/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old individual who sustained a work-related injury on 11-13-01. Medical record documentation on 9-21-15 revealed the injured worker was being treated for status post carpal tunnel release of the right wrist with residual findings of mononeuropathy of the median nerve, status post-operative ulnar nerve decompression and anterior transposition of the right elbow with residual ulnar neuropathy and weakness of the right hand, failed post-operative subacromial decompression and distal clavicle resection of the right shoulder with significant guarding in the right upper extremity with right upper extremity complex regional pain syndrome, left shoulder impingement, multi-level degenerative disc disease, cervical spine with hydrosyringomyelia with severe cervical spinal guarding, ulnar and median neuropathy of the left upper extremity and severe migraine headaches. The injured worker reported an increase in neck pain by greater than 50% since his Zorvolex was denied. Cambria 50 mg was added to the medication regimen to reduce the severity of neck pain and musculoskeletal pain on 9-21-15. The injured worker was provided Lidoderm liquid 4% to treat occipital neuralgia, which had reduced the severity of headache, 's by over 50%. The injured worker continued to use a TENS unit to reduce muscle spasms and rated the pain a 5-7 on a 10-point scale. The headaches occurred daily and nausea occurred with the headaches. Objective findings included tenderness to palpation and taught bands at the myofascial trigger point with twitch response in the occipital and suboccipital muscles causing pain to the temporalis muscles. The injured worker had occipitalis and temporalis muscles exhibited 1+ tenderness to palpation bilaterally. The cervical spine was tender to palpation with taught bands at the myofascial trigger point with twitch responses in the levator scapula, trapezius and rhomboid muscles causing radiating pain

to the posterior scapula and neck. A request for Cambia 50 mg #120 and Lidoderm cream 5% #90 was received on 9-25-15. On 10-2-15, the Utilization Review physician determined Cambia 50 mg #120 and Lidoderm cream 5% #90 was not was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cambia 50mg, QTY: 120.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Migraine Pharmaceutical Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but do not report persistent pain despite treatment with acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type when there is failure to respond to acetaminophen. As such, the medical records provided for review do not support the use of Cambia (diclofenac) for the insured, as there is no indication of persistent pain despite acetaminophen. Therefore, the request is not medically necessary.

Lidocaine cream 5%, QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. Therefore, the request is not medically necessary.