

Case Number:	CM15-0022698		
Date Assigned:	02/12/2015	Date of Injury:	06/30/1999
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/06/2015

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: Emergency 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 60 year old female, who sustained a work/ industrial injury on 6/30/99. Mechanism of injury was not documented. She has reported symptoms of neck pain that included aching, tingling, with pins and needles sensation with associated bilateral hand numbness. Prior medical history includes a left brain aneurysm, dysphagia, insomnia, with residual headaches. Surgery included anterior fusion with plates from C4-6 and posterior instrumentation and fusion with rods from C2-7, laminectomy at C4-5. The diagnoses have included cervicalgia, headache, and adjustment reaction with prolonged depressive reaction, post laminectomy syndrome. Pain was rated at 7/10. An EMG/NCV study reported carpal tunnel severe on right, moderate to left. Treatments to date included medications, Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy, H- wave stimulator for home use, and physical therapy. Medications included trials with Tizanidine, Zipsor, Marinol, and Lorzone without success. Current medications included Ultram, Soma, Prozac, Nexium, Lunesta, Trazodone, Neurontin, Docusate sodium, Voltaren gel, and Lidoderm patches. A request was made for refill of Marinol, Lidocaine patches, and Voltaren gel for pain management per attending physician's progress report of 12/15/14. On 1/16/15, Utilization Review non-certified a (Retro) Marinol 5 mg BID for pain with 2 refills; (Retro) Lidocaine patches, 2 patches PRN, 12/12 with refills; (Retro)Voltaren gel, apply 2-4 x to affected area, QID PRN with 2 refills, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines and Food and Drug Administration (FDA) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Marinol 5mg BID for pain with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 27.

Decision rationale: The requested RETROSPECTIVE Marinol 5mg BID for pain with 2 refills, is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, Page 27, Cannabinoids, note that there is insufficient controlled studies establishing the medical efficacy of this treatment. The injured worker has neck pain that included aching, tingling, with pins and needles sensation with associated bilateral hand numbness. The treating physician has not documented evidenced-based guideline support for this treatment. The criteria noted above not having been met, RETROSPECTIVE Marinol 5mg BID for pain with 2 refills is not medically necessary.

RETROSPECTIVE Lidocaine patches, 2 patches PRN, 12/12 with 2 refills: Upheld

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

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

Decision rationale: The requested RETROSPECTIVE Lidocaine patches, 2 patches PRN, 12/12 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note 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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has neck pain that included aching, tingling, with pins and needles sensation with associated bilateral hand numbness. The treating physician has not documented functional improvement from the previous use of this topical agent. The criteria noted above not having been met, RETROSPECTIVE Lidocaine patches, 2 patches PRN, 12/12 with 2 refills is not medically necessary.

RETROSPECTIVE Voltaren gel, apply 2-4x to affected area, QID PRN with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-inf.

Decision rationale: The requested RETROSPECTIVE Voltaren gel, apply 2-4x to affected area, QID PRN with 2 refills, 12/12 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID s have the potential to raise blood pressure in susceptible patients. The injured worker has neck pain that included aching, tingling, with pins and needles sensation with associated bilateral hand numbness. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, RETROSPECTIVE Voltaren gel, apply 2-4x to affected area, QID PRN with 2 refills is not medically necessary.