

Case Number:	CM15-0034984		
Date Assigned:	03/03/2015	Date of Injury:	04/16/2009
Decision Date:	04/13/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 40-year-old female, who sustained an industrial injury on April 16, 2009. She has reported neck pain, bilateral arm pain, lower back pain, bilateral leg pain, double vision and headaches. The diagnoses have included degeneration of cervical intervertebral disc, degeneration of lumbar intervertebral disc, neck pain, lower back pain, temporomandibular joint dysfunction, and pain in lower limbs. Treatment to date has included medications, physical therapy, injections, heat, ice, massage, meditation, and imaging studies. A progress note dated December 3, 2014 indicates a chief complaint of neck pain radiating to the bilateral arms with weakness and tingling, bilateral leg weakness, neck stiffness, sleep disturbances, double vision, headache, depression and anxiety. Physical examination showed and antalgic gait with forward flexed posture, guarded movements, and positive straight leg raises. The treating physician requested prescriptions for Zomig and Lidocaine patches. On January 15, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines and Official Disability Guidelines. On February 24, 2015, the injured worker submitted an application for IMR of a request for prescriptions for Zomig and Lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zomig 5mg, 1 tab twice a day #60 refill: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Head and Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zomig. (<http://reference.medscape.com/drug/zomig-zmt-zolmitriptan-343036>).

Decision rationale: Zomig is an abortive medication of migraine including menstrual migraine. There is no clinical evidence that the patient is suffering from migraine headaches. Therefore, the request for Zomig 5mg, #60 is not medically necessary.

Lidocaine 5 percent (700mg/patch) #60 refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-112.

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

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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". In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidocain patch is unclear. There is no documentation of efficacy of previous use of Lidocain patch. Therefore, the prescription of Lidocain 5% is not medically necessary.