

Case Number:	CM15-0038887		
Date Assigned:	03/09/2015	Date of Injury:	11/17/1993
Decision Date:	04/10/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 was a 64-year-old female, who sustained an industrial injury, November 17, 1993. The injured worker was injured during a struggle against two inmates, when the injured worker was slammed against a concrete wall. The injured worker was kicked in the upper body and left side. According to progress note of February 5, 2015, the injured workers chief complaint was bilateral shoulder and upper extremity pain. The injured worker rated the pain at 8 out of 10; 0 being no pain and 10 being the worse pain. The injured worker described the pain as aching, burning and sharp. The aggravating factors were movement. The injured worker felt relieving factors were analgesics. The physical exam the injured worker was wearing a glove on the left hand. There was tenderness in both wrists. The shoulder abduction was 180 degrees with increased pain with tenderness over the AC joints. The injured worker was diagnosed with low back pain, chronic pain syndrome, cervicalgia, depression, lumbar radiculopathy, bilateral hand pain, chronic insomnia and fibromyalgia. The injured worker previously received the following treatments trigger-point injections on September 22, 2014, neck fusion, physical therapy, diagnostic testing, Oxycodone, Trazodone, Diazepam, Hydroxyzine, Lidocaine topical patches, Gabapentin, neck fusion in 2002 and Voltaren topical ointment. The primary physician was requesting renew for prescriptions for Lidoderm Patches and Trazadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100 mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Selective Serotonin reuptake inhibitors (SSRI) Page(s): 16.

Decision rationale: The patient is a 64-year-old female with an injury on 11/17/1993. She was slammed against a concrete wall. On 02/05/2015, she had bilateral shoulder and upper extremity pain. MTUS guidelines note that SSRI are "controversial based on controlled studies." They may address psychological symptoms. Trazodone is not medically necessary for the treatment of this injury in 1993.

Lidocaine 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 64-year-old female with an injury on 11/17/1993. She was slammed against a concrete wall. On 02/05/2015, she had bilateral shoulder and upper extremity pain. Lidoderm patch is the only topical formulation of lidocaine that is recommended in MTUS guidelines for some indications for some patients. Lidocaine 5% cream or any other formulation of lidocaine that is not lidoderm is not recommended in MTUS Chronic Pain guidelines. The requested lidocaine 5% cream is not medically necessary.