

Case Number:	CM15-0041866		
Date Assigned:	03/12/2015	Date of Injury:	12/03/2007
Decision Date:	04/15/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 60-year-old male sustained an industrial injury to the neck and back on 12/3/07. Previous treatment included acupuncture, x-rays, magnetic resonance imaging, electromyography/nerve conduction velocity test, physical therapy, home exercise and medications. In a pain medicine reevaluation dated 1/26/15, the injured worker complained of neck pain with radiation to bilateral upper extremities, accompanied by spasms, numbness and tingling and low back pain with radiation to bilateral lower extremities. The injured worker rated his pain 7/10 on the visual analog scale with medications and 10/10 without. The injured worker reported that recent weather changes had worsened his pain. Current diagnoses included cervical degenerative disc disease, cervical radiculopathy, lumbar degenerative disc disease, lumbar radiculopathy, medication related dyspepsia and chronic pain syndrome. The treatment plan included requesting authorization for an orthopedic surgeon, continuing home exercise and medications (Lidoderm patch, apap/codeine phosphate, Naproxen and Naloxone HCL).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-67, 111-113.

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for chronic radiating neck and radiating low back pain. Medications are referenced as decreasing pain from 10/10 to 7/10. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.

Naioxone & Evzio 0.4 mg/0.4 mg prefilled syringe, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p77-78 Page(s): 77-78. Decision based on Non-MTUS Citation Evzio Prescribing Information.

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for chronic radiating neck and radiating low back pain. Medications are referenced as decreasing pain from 10/10 to 7/10. Medications include Tylenol #3 and authorization for Norco has been requested. There are no identified issues of abuse or addiction. Evzio is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose. In this case, there are no reported findings by history or physical examination that would indicate the need for this medication which is therefore not medically necessary.