MAXIMUS Federal Services

Case Number:	CM15-0053737		
Date Assigned:	03/27/2015	Date of Injury:	10/08/2010
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 48-year-old female, who sustained an industrial injury on 10/08/2010. Diagnoses include discogenic cervical condition, impingement syndrome of the right shoulder status post right decompression with labral repair (9/2013). Investigations had included diagnostic imaging including magnetic resonance imaging (MRI), EMG (electromyography) and radiographic imaging. The MRI of the cervical spine showed multilevel foramina stenosis. Per the Primary Treating Physician's Progress Report dated 3/06/2015, the injured worker reported persistent neck pain and headaches. She has severe pain down the right arm and dull achy pain on left shoulder and biceps. She reported difficulty sleeping as well as pain, depression and anxiety secondary to chronic pain. Physical examination revealed tenderness across the lumbar paraspinal muscles, pain with facet loading, weakness and sensory loss in the upper extremities. The medications listed are Norco, Xanax, trazodone, gabapentin, venlafaxine and Tramadol ER. The IW was noted to be allergic to NSAIDs. The plan of care included surgical intervention and medications and authorization was requested for Norco 10/325mg, Xanax 0.5mg, and Lidopro Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 10.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental illness and Stress Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatment with NSIADs and PT are contraindicated or have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with other opioids and sedatives. The records indicate that the patient is allergic to first line NSAID medications. The patient is utilizing co-analgesics and neuropathic medications in addiction to Norco for pain relief. There is indication that the patient is utilizing multiple opioids and sedatives concurrently including Tramadol ER, trazodone and Xanax. The criteria for the use of Norco 10/325mg #120 was not met. Therefore, the request is not medically necessary.

Xanax 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that benzodiazepines can be utilized for short-term treatment of anxiety disorder pending complete evaluation and treatment of underlying causes. The chronic use of anxiolytics can be associated with the rapid development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedative medications. The records indicate that the patient is utilizing multiple opioids, anxiolytic and sedative medications concurrently. The duration of use of Xanax had exceeded the guidelines recommended maximum period of to 6 weeks. The criteria for the use of Xanax 0.5mg #60 was not met. Therefore, the request is not medically necessary.

LidoPro Cream 1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications The guidelines recommend that topical medications be utilized and evaluated individually. The LidoPro cream contains lidocaine 4.5% / capscaicin 0.0325% / salicylate 27.5% / menthol 10%/ There is lack of guidelines support for the use of salicylate or menthol for the chronic treatment of musculoskeletal pain. The criteria for the use of LidoPro cream 1 bottle was not met. Therefore, the request is not medically necessary.