MAXIMUS Federal Services

Case Number:	CM15-0056911		
Date Assigned:	04/01/2015	Date of Injury:	04/20/2006
Decision Date:	05/15/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/25/2015

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, Washington
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:

The injured worker is a 57-year-old female who reported an injury on 04/20/2006. The mechanism of injury was not stated. The current diagnoses include discogenic cervical condition, impingement syndrome of the left shoulder, status post left shoulder surgery, bilateral wrist pain, carpal tunnel syndrome bilaterally, cubital tunnel syndrome bilaterally, right medial epicondylitis, and element of weight gain, anxiety, and depression. The injured worker presented on 03/11/2015 for a follow-up evaluation regarding neck and left shoulder pain. The injured worker was actively utilizing a 2 lead TENS unit, as well as a hot/cold wrap. In 2014, the injured worker completed a course of 6 sessions of chiropractic therapy, as well as massage treatment. Upon examination, there was tenderness along the biceps, 150 degree abduction, well healed portals, 40 degree cervical flexion, 30 degree cervical extension, and 20 degree cervical tilt. Treatment recommendations at that time included continuation of the current medication regimen, a 4 lead TENS unit with a conductive garment, and nerve conduction studies involving the upper extremities. A Request for Authorization form was then submitted on 03/11/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro patches quantity 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105; 111-113.

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Topical lidocaine in recommended when there has been a failure of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant such as gabapentin or Lyrica. In this case, there was no documentation of a failure of first line treatment prior to the initiation of LidoPro patches. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Trazadone 50mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone (Desyrel).

Decision rationale: The Official Disability Guidelines recommend trazodone as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, the injured worker does not maintain a diagnosis of insomnia disorder. The medical necessity for the requested medication has not been established in this case. In addition, there is no frequency listed in the request. The request IS NOT medically necessary.

Lipopro cream 1 bottle 121gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105-111-113.

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The California MTUS Guidelines do not recommend lidocaine in the form of a cream, lotion, or gel. Topical lidocaine has been FDA approved for neuropathic pain in the formulation of a dermal patch. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

Norco 10/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91;76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of a failure of non-opioid analgesics. It is unclear how long the injured worker has utilized the above medication. There is no documentation of objective functional improvement. In addition, there were no recent urine toxicology reports submitted for review documenting evidence of patient compliance and non-aberrant behavior. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Gabapentin 600mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti Epilepsy Drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. In this case, it is unclear how long the injured worker has utilized the above medication. There is no documentation of objective functional improvement. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

Tramadol extended release 150mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91; 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of a failure of non-opioid analgesics. It is unclear how long the injured worker has utilized the above medication. There is no documentation of objective functional improvement. In addition, there were no recent urine toxicology reports submitted for review documenting evidence of patient compliance and non-

aberrant behavior. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.