

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0002440 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 01/29/2013 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/06/2014 |
| Priority: | Standard | Application Received: | 01/07/2014 |

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. The expert reviewer is Board Certified in Anesthesiology, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 31-year-old male who reported an injury on 01/29/2013. The mechanism of injury was not stated. Current diagnoses include neck pain, cervical strain, numbness, and depression with anxiety. The injured worker was evaluated on 02/05/2014. The injured worker reported 6/10 pain with medication as well as activity limitation. Current medications include Xanax 0.5 mg, Norco 10/325 mg, Anaprox 450 mg, Cymbalta 60 mg, Lidoderm 5% patch, and Flexeril 7.5 mg. Physical examination revealed decreased sensation in the left upper extremity, tenderness over the cervical paraspinals, tenderness over the cervical facet joints, and reduced cervical range of motion secondary to pain. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH 1-3 PATCHES PER DAY, 12 HRS ON/ 12 HRS OFF #90:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, LIDODERM® (LIDOCAINE PATCH), 56

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

Decision rationale: The MTUS Chronic Pain Guidelines state Lidocaine is indicated for localized peripheral pain or neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. The injured worker has utilized Lidoderm 5% patch since 12/2013. There is no evidence of objective functional improvement. There is also no mention of a failure to respond to tricyclic or SNRI antidepressants or an anticonvulsant, as recommended by the MTUS Chronic Pain Guidelines. Based on the clinical information received, the request is not medically necessary and appropriate.

XANAX 0.5MG 1 TAB PO BID AS NEEDED #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, BENZODIAZEPINES, 24

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS Chronic Pain Guidelines state Benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. The injured worker has utilized Xanax 0.5 mg since 01/2014. Although the injured worker reported anxiety disorder, the MTUS Chronic Pain Guidelines state a more appropriate treatment for anxiety disorder is an antidepressant. Based on the clinical information received, and the MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.

NORCO 10/325 MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, OPIOIDS, 75, 78

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

Decision rationale: The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since 08/2013. Despite ongoing use, the injured worker continues to report 6/10 pain with medication. Physical examination continues to reveal tenderness to palpation and reduced range of motion secondary to pain. There is also no frequency listed in the current request. Therefore, the request is not medically necessary and appropriate.

CYMBALTA 60MG #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, CYMBALTA (DULOXETINE), 15

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The MTUS Chronic Pain Guidelines state Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. Although the injured worker reports an improvement in depressive symptoms with the use of Cymbalta, there is no evidence of objective functional improvement. The injured worker has utilized Cymbalta since 05/2013. There is no documentation of a psychological examination. There is also no frequency listed in the current request. Therefore, the request is not medically necessary and appropriate.