

Case Number:	CM14-0118520		
Date Assigned:	08/06/2014	Date of Injury:	03/28/2012
Decision Date:	10/10/2014	UR Denial Date:	07/13/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 56-year-old female was reportedly injured on August 28, 2012. The mechanism of injury is stated to be clearing files from a computer. The most recent progress note, dated August 11, 2014, indicates that there are ongoing complaints of neck pain, upper back pain, mid back pain, bilateral elbow pain, and bilateral wrist pain. Lidocaine and Percocet stated to help reduce the injured employees pain, improve her sleep, and improve her ability to perform activities of daily living. The physical examination demonstrated decreased cervical spine range of motion and tenderness over the cervical spine paravertebral muscles with spasms. There was tenderness over the lateral epicondyles of the left elbow and a positive left elbow Tinel's test. There was also a positive Tinel's test and a positive Phalen's test at the left wrist. There was decreased sensation over the fourth and fifth digits and the medial forearms bilaterally. There was a positive Hoffmans sign bilaterally as well. Diagnostic imaging studies of the cervical spine revealed straightening of cervical lordosis, severe C5 - C6 foraminal stenosis, and moderate C4 - C5 and left C6 - C7 foraminal stenosis. Nerve conduction studies revealed a median neuropathy at the left wrist and an ulnar neuropathy at the left elbow. Previous treatment includes steroid injections, oral medications, and topical medications. A request had been made for Lidoderm 5%, and Percocet 10/325 and was not certified in the pre-authorization process on July 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Lidoderm 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: The California MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. The progress note dated August 11, 2014, indicates that the injured employee is currently taking Cymbalta and Lyrica. As such, this request for lidocaine 5% is not medically necessary.

60 Percocet 10/325MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Percocet is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The most recent progress note dated August 11, 2014, indicates that the injured employee has 80% pain relief with the use of Percocet and allows her to sleep better and perform activities of daily living. As such, this request for Percocet 10/325 is medically necessary.