

Case Number:	CM14-0123234		
Date Assigned:	09/26/2014	Date of Injury:	07/11/2005
Decision Date:	10/27/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 54-year-old female with a 7/11/05 date of injury. A specific mechanism of injury was not described. According to a progress note dated 7/2/14, the patient reported that the benefit of chronic pain medication maintenance regimen, activity restrictions, and rest continue to keep pain within a manageable level to allow her to complete necessary activities of daily living. She reported that with medications the pain is 6-8/10 and without medications the pain is 10/10 on VAS scale. She reported that pain gets exacerbated by activities including cooking. Objective findings: restricted cervical range of motion, right C4-5 significant tenderness under palpation, diffuse dysesthesia of ulnar forearms and hands, decreased grip strength of both hands, positive Phalen's, positive Tinel's. Diagnostic impression: chronic pain syndrome, carpal tunnel syndrome, brachial neuritis or radiculitis, degeneration of cervical intervertebral disc, scapulalgia, myalgia and myositis, cervical facet joint pain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/10/14 denied the requests for Vicodin, Voltaren gel, and Lidoderm patch. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2005 date of injury, nearly a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, there have been prior UR decisions recommending weaning and discontinuation of Vicodin in this patient; however, there is no documentation that the physician has addressed this issue. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Vicodin 5/300 #60 was not medically necessary.

Voltaren gel 2 gram #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. However, there is no documentation that the patient's pain has an arthritic component. In addition, there is no documentation that the patient is unable to tolerate oral NSAIDs to warrant the necessity of a topical NSAID. Therefore, the request for Voltaren gel 2 gram #2 was not medically necessary.

Lidoderm patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm

Decision rationale: CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of

hours per day). The documentation provided does not include this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Furthermore, there is no documentation that the patient is unable to take oral medications. Therefore, the request for Lidoderm patch 5% #30 was not medically necessary.