MAXIMUS Federal Services

Case Number:	CM14-0126319		
Date Assigned:	08/13/2014	Date of Injury:	01/14/2003
Decision Date:	10/30/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/08/2014

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 Orthopedic Surgeon, has a subspecialty in Sports Medicine and is licensed to practice in California. 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 male smoker of an unknown age who reported an injury of unspecified mechanism on 01/14/2003. On 02/24/2014, his diagnoses included cervicalgia, post-traumatic stress disorder, panic attacks and lumbar degenerative disc disease. His complaints included right shoulder, right arm, low back, right hip and right leg pain. It was noted that he tried to walk on a regular basis for exercise, but his ambulation was becoming more difficult. He further complained of neck pain with severe headaches, facial pain and right shoulder pain radiating to the axilla and elbow. He felt that his pain medications were not providing adequate relief. His medications included Lidoderm 5% patch, lorazepam 1 mg, methadone 10 mg, Norco 10/325 mg and Soma 350 mg. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 patches #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

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

Decision rationale: The request for Lidoderm 5 patches #60 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of failed trials of first line therapy including tricyclics or SNRI antidepressants or an antiepileptic such as gabapentin or Lyrica. The only form of FDA approved topical application lidocaine is the 5% transdermal patch for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. There was no evidence submitted that this treatment injured worker had failed trials of antidepressants or antiepileptic medications. Furthermore, he did not have a diagnosis of postherpetic neuralgia. Additionally, there was no dosage or frequency of application included in the request. Furthermore, the body part or parts which were to have been treated were not specified in the request. Therefore, this request for Lidoderm 5 patches #60 is not medically necessary.

Norco (Hydrocodone-APAP) 10/32/ mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco (hydrocodone/APAP) 10/32 mg #180 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations include side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy or drug screens. Additionally, there was no frequency specified in the request. Since this worker was taking more than 1 opioid medication, without the frequency, the morphine equivalency dosage could not be calculated. Furthermore, Norco does not come in a 10/32/ mg formulation. Therefore, this request for Norco (hydrocodone/APAP) 10/32 mg #180 is not medically necessary.

Carisoprodol 350 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The request for Carisoprodol 350 mg #120 is not medically necessary. The California MTUS Guidelines do not recommend this medication. This medication is not indicated for long term use. It is a commonly prescribed centrally active skeletal muscle relaxant, whose primary active metabolite is meprobamate, a schedule IV, controlled substance. The main concern is the accumulation of meprobamate. Carisoprodol has been noted to augment or alter the effects of other drugs. This includes in combination with hydrocodone, an effect that some abusers claim is similar to heroin. Guidelines do not support the continued use of this medication. Additionally, there was no frequency specified in the request. Therefore, this request for Carisoprodol 350 mg #120 is not medically necessary.