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| Case Number: | CM14-0127106 | | |
| Date Assigned: | 08/13/2014 | Date of Injury: | 09/01/2005 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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 Internal 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 60 year old female who sustained an injury on 09/01/05. The injured worker has been followed for ongoing chronic neck pain as well as shoulder pain. The injured worker has been previously treated with trigger point injections which have provided a substantial amount of improvement as well as acupuncture treatment. The injured worker has had a long term history of medication use with current medications including Flexeril, Ibuprofen, Lidoderm patches, and Vicodin. The injured worker's prior urine drug screen results were noted to be consistent with opioid use. The injured worker was under a pain contract. As of 07/21/14, the injured worker continued to report improvement in pain as well as function with medications. The injured worker described persistent right sided neck pain radiating to the right upper extremity with associated burning and electrical type pain. The injured worker was utilizing Flexeril on an as needed basis for muscle spasms as well as Ibuprofen for anti-inflammatory effects. With medications, the injured worker's pain score was reduced by 40% from 10 to 6/10 in severity. Overall, the injured worker reported improvement in regards to function for the cervical spine and right upper extremity. The injured worker had no evidence of drug seeking behavior and reported no intolerable side effects. The injured worker was utilizing Vicodin 5/300mg up to 3 times a day as needed for severe pain only. The injured worker's physical examination noted allodynia to touch in the right upper extremity and right shoulder with limited range of motion in the cervical spine. The requested Hydrocodone 5/325mg, quantity 100, Ibuprofen 600mg, quantity 120, Lidoderm patches 5%, and urine drug screen testing 4 times per year were all denied by utilization review on 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In review of the clinical documentation submitted, the injured worker was utilizing Vicodin 5/300mg up to 3 times a day. There was no indication regarding a prescription for Hydrocodone at 5/325mg. Given the lack of documentation regarding current use of Hydrocodone at the prescribed amount, this reviewer would not have recommended this request as medically necessary.

Ibuprofen 600mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: In regards to the use of Ibuprofen 600mg quantity 120, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the injured worker's known chronic pain. As such, the injured worker could have reasonably transitioned to an over-the-counter medication for pain.

Lidoderm patches 5%: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches Page(s): 54.

Decision rationale: In review of the clinical documentation submitted, this reviewer would recommend the proposed Lidoderm patches as medically necessary as currently prescribed. The injured worker does have ongoing allodynia in the right upper extremity consistent with chronic

regional pain syndrome (CRPS). Per guidelines, Lidoderm can be considered an option for the treatment of neuropathic pain. It is noted the injured worker has failed prior antidepressants as well as anticonvulsants. Given the efficacy obtained with the use of Lidoderm patches for persistent neuropathic pain, this reviewer would recommend this request as medically necessary.