

Case Number:	CM14-0147727		
Date Assigned:	09/15/2014	Date of Injury:	07/31/2010
Decision Date:	10/15/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/11/2014

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 Family 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:

This injured worker's date of injury is 07/31/2010. The initial injuries occurred as a result of a slip and fall at work. The patient receives treatment for chronic pain in the neck that radiates to the arms, thoracolumbar spine that radiates to the legs, and shoulders. The patient received Cortisone shot in the shoulder in 2011. The patient had a magnetic resonance imaging (MRI) of the neck, shoulders, and back. Examination of the neck reveals reduced rotation and the lumbar exam show loss of ROM throughout. Radiographs of the neck show disc degeneration from C5 to C7. Lumbar x-rays show disc disease from L4 to S1. AC joint arthritis is seen in the shoulders. The medical diagnoses include: cervical strain, cervical disc degeneration, thoracic strain, lumbar strain, and bilateral shoulder strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/ Lidocaine Cream 3%/ 5%, 180grams: Upheld

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

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

Decision rationale: Topical analgesics are experimental in use and are not recommended. Additionally, in any compounded product, if it contains at least one drug that is not recommended, then that compounded product is not recommended. Diclofenac is a nonsteroidal anti-inflammatory drug (NSAID). NSAIDs are not recommended for any reason when used topically. Lidocaine may be indicated to treat neuropathy only after a trial of a first line agent has failed. The FDA only approves Lidocaine in the Lidoderm patch formulation. The request for Diclofenac/ Lidocaine Cream 3%/ 5%, 180grams is not medically necessary.

Urine Toxicology Screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction Page(s): 94-95.

Decision rationale: Random urine toxicology screening tests may have a role to avoid opioid misuse and addiction. Based on the documentation, however, there was no convincing documentation that this patient needed this type of investigation. The request for a urine toxicology screening test is not medically necessary.

30 Day Trial of Tens Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s):) 114-117.

Decision rationale: The criteria for the use of a TENS unit requires documentation of a number of factors, such as: which pain modalities have been tried and failed, results of any ongoing medications in use, and a detailed treatment plan with both short and long-term goals of treatment. Based on the documentation, a TENS is not medically necessary.

Norco / Hydrocodone/ APAP 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-Term Assessment, Criteria for Use of Opioids Page(s): 88-90.

Decision rationale: When chronic pain is treated with opioids, the patient is at risk for the effects of drug tolerance, addiction, and hyperalgesia. Recent studies fail to show that chronic opioid use leads to increase in function or good pain control. Documentation must cover: any change in diagnosis, any side effects, any functional improvement with opioids, adverse effects,

and if the patient's motivation has improved or worsened. Based on the documentation, Norco is not medically necessary.