

Case Number:	CM14-0160187		
Date Assigned:	10/06/2014	Date of Injury:	06/21/1991
Decision Date:	10/30/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/29/2014

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 is a 66 yr. old female claimant who sustained a work injury on June 21, 1991 involving the neck. She was diagnosed with cervical degenerative disc disease, radiculitis and arthritis of the neck. A progress note on 7/22/ 2014 indicated the claimant had continued pain in the neck with burning, cramping and throbbing. She had been on Oxycodone, Soma and topical Lidoderm for several months. She had not escalated those medications, however her pain has been increasing over the last several months. Exam findings were notable for tenderness in the cervical and lumbar regions as well as a antalgic gait. There was pain with extension of the neck and facet loading. There was a reduced range of motion of the neck as well. Treating physician continued topical Lidoderm as well as Soma 350 mg tablets three times daily and oxycodone 15 mg tablets every four hours. On 9/8/14, the claimant's pain was worse despite being on Oxycodone. request was also made for a cervical epidural steroid injection and home health 4 hours per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on high dose Oxycodone for months with escalating pain. The continued use of Oxycodone is not medically necessary.

Soma 350mg #90, with 3 refills: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Soma is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone which increases side effect risks and abuse potential. The use of Soma is not medically necessary.

Lidoderm 5% patch #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, the claimant does not have the above diagnoses. The Lidoderm patch is not medically necessary.

Cervical ESI under fluoroscopic guidance with moderate sedation and saline lock: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In the past the claimant had received injections for the lumbar spine and still underwent surgery and had continued pain in those areas. The request for cervical Epidural Steroid Injections is not medically necessary.

Home Health Help (x4 Hours Per Month): 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 home health Page(s): 51.

Decision rationale: According to the MTUS guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case the request for homecare was not provided. As a result, the request for Home Health Help is not medically justified or necessary.