MAXIMUS Federal Services

Case Number:	CM14-0162268		
Date Assigned:	10/07/2014	Date of Injury:	01/23/1998
Decision Date:	10/31/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine and Rehabilitation 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 61-year-old female who reported an injury on 01/23/1998. The mechanism of injury involved repetitive activity. The current diagnoses include chronic pain syndrome, cervicalgia, brachial neuritis, myalgia/myositis, insomnia, joint pain in the shoulder region, and chronic pain. Previous conservative treatment is noted to include physical therapy, TENS therapy, trigger point injections, epidural steroid injections, nerve blocks, and bracing. The current medication regimen includes Lidoderm patch, methocarbamol, Norco, OxyContin, and Valium. The injured worker was evaluated on 09/18/2014 with complaints of neck and right upper extremity pain. Physical examination revealed limited cervical range of motion secondary to pain, negative Spurling's maneuver, tenderness to palpation, facet joint tenderness, trapezius tenderness, cervical paraspinal muscle tenderness, normal motor strength in the bilateral upper extremities, intact sensation, limited range of motion of the bilateral upper extremities, and no acute distress. Treatment recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #90: Upheld

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

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

Decision rationale: California MTUS Guidelines state Lidocaine is indicated for localized peripheral pain or neuropathic pain after there has been evidence of a trial of first line therapy with a tricyclic or SNRI antidepressants or an anticonvulsant such as gabapentin or Lyrica. Therefore, the injured worker does not meet criteria for the requested medication. There is no documentation of a failure to respond to first line treatment. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Methocarbamol 750 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the documentation submitted, the injured worker has utilized this medication since 04/2014. There is no documentation of objective functional improvement. California MTUS Guidelines do not recommend long term use of muscle relaxants. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Oxycontin 20 mg #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): 74-82..

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopiod analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has continuously utilized this medication since 04/2014. There is no documentation of objective functional improvement. There is also no mention of a significant change in the injured worker's physical examination that would indicate functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate at this time.

Valium 10 mg #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): 24..

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. As per the documentation submitted, the injured worker has utilized this medication since 04/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.