

Case Number:	CM14-0211889		
Date Assigned:	12/24/2014	Date of Injury:	05/11/2009
Decision Date:	02/27/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Virginia
 Certification(s)/Specialty: Neurology

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 56-year-old with a date of injury of 5/11/2009. The mechanism of injury he is not documented in the medical records submitted for review. There is a clinical note dated 10/30/2014 in which the injured worker complains of a history of neck and right upper extremity pain along with tingling, numbness, and weakness throughout the entire right upper extremity. The patient states that her pain remains the same since her last clinical visit. There is subjective weakness of strength in her right hand. The patient is not using topical analgesics at the time of this clinic visit because she is responding better to heat patches. She is complaining of neck and bilateral shoulder/trapezius pain and spasms. On physical exam, the injured workers gait is non-antalgic. The patient is able to walk on her heels and toes. At her best posture, she does not demonstrate any major postural abnormalities were guarding. She is alert and oriented x3. Range of motion of the neck and bilateral upper extremities is limited with trigger points in an appropriate referral pattern. The patient is diagnosed with cervical disc disease, radiculitis, degenerative disc disease in the cervical spine, and joint, shoulder, as well as neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm film 5%, 1 patch once a day 30 QTY: 30, refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The chronic pain medical treatment guidelines recommends topical analgesics as an option for the treatment of chronic pain however, their use is largely experimental with few randomized controlled trials performed to determine the efficacy or safety of their use. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants agents have failed. These agents are applied locally to painful areas with advantages to include lack of systemic side effects, absence of drug interactions, and the need to titrate to a particular clinical dose. Many agents are compounded as monotherapy or in combination for pain control. However, there is little to no research to support the use of any of these agents. In the case of the injured worker described above, there is no description of a treatment plan which clarifies what medication or other modalities have been tried for the injured workers pain syndrome in the past. There is no clinical description of the patient's pain symptoms to include specific location, quality and intensity of pain as well as alleviating or associated symptoms. Therefore, according to the guidelines, and a review of the evidence, a request for Lidoderm film (5%), one patch q. day, #30, refill #1 is not medically necessary.

Ibuprofen 800mg 1 tab PO BID PRN 30 days #60 refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-68; 72.

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

Decision rationale: MTUS chronic pain treatment guidelines recommends nonsteroidal anti-inflammatory drugs for the treatment of osteoarthritis in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renal vascular risk factors. The guidelines further state that NSAIDs are recommended for use at the lowest dose and for the shortest period in patients with moderate to severe pain. In the case of the injured worker described above there is no treatment plan clarified as to other medications or treatment modalities that have been recommended with this patient thus far. There is no clinical description of the quality of the injured workers pain syndrome to clarify the pain intensity, characteristics, associated symptoms or relieving factors. Therefore, according to the guidelines and a review of the evidence, a decision for ibuprofen-800 mg, one tab p.o. b.i.d. p.r.n., 30 days, #60, one refill is not medically necessary.