MAXIMUS Federal Services

Case Number:	CM14-0213421		
Date Assigned:	12/30/2014	Date of Injury:	02/19/2008
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58-year-old female with a 2/19/08 date of injury. According to an initial pain management report dated 12/1/14, the patient reported moderate pain in the left side of the neck. The pain was aggravated by left/right rotation. Her neck pain and migraine symptoms have worsened over the last one year. She was status post left ulnar nerve decompression on 5/1/14 and stated that occupational therapy has increased the strength in the left hand significantly. There was still occasional tingling and numbness. Objective findings: decreased active range of motion of cervical spine, left sided spasm to palpation across the lower left cervical paraspinal muscles, positive twitch response to palpation with referred pain pattern. Diagnostic impression: myofascial pain syndrome. Treatment to date: medication management, activity modification, surgery, and physical therapy.A UR decision dated 11/20/14 modified the request for Norco from 60 tablets to 45 tablets and denied the request for Lidoderm patches. Regarding Norco, the patient has taken Norco since at least 10/9/14 and has not worked since at least 8/29/14. The reported increased grip strength was attributed to ongoing occupational therapy, not to opioid use; therefore continued opioid use would not appear medically necessary. Regarding Lidoderm, the medical records failed to provide any significant documented improvement attributed to prior Lidoderm use. Additionally, the available medical history failed to provide evidence that the patient had a trial of first-line therapy such as gabapentin or Lyrica; or that the patient had been diagnosed with or suffered from post-herpetic neuralgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for 60 Norco 10/325mg was not medically necessary.

60 Lidoderm patches 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Lidoderm Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm

Decision rationale: CA MTUS states that topical lidocaine may be 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, in the present case, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. In addition, there is no documentation that the patient is unable to take oral medications. Therefore, the request for 60 Lidoderm patches 5% was not medically necessary.