MAXIMUS Federal Services

Case Number:	CM14-0216921		
Date Assigned:	01/06/2015	Date of Injury:	05/15/2011
Decision Date:	03/04/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/26/2014

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: Physical Medicine & Rehabilitation

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 was a 31 year old female, who was injured on the job, May 15, 2011. The injured worker injured the anterior right shoulder and upper lateral chest as well as swelling in the clavicle, with periodic shooting pain to the medial and dorsal aspects of her forearm. The injured worker was diagnosed with thoracic outlet syndrome, upper extremity repetitive stress injury/myositis and carpal tunnel syndrome.According to the April 4, 2014, the injured workers progression of symptoms and aggravation by work activity, the injured worker was encouraged to file workers compensation. The injured worker has received conservative treatment such as physical therapy, acupuncture, medication, trigger point injections and myofascial release. The injured worker was experiencing pain in the neck, right and left shoulders; rating pain generally a 6 out of 10 with a range from 4 at best and up to 8 at worse; 0 being no pain and 10 being the worse pain. The EMG/Nerve conduction studies noted a diagnosis of carpal tunnel syndrome. The documentation submitted for review failed to support the benefit from the use of medications for relief for pain and functional improvement. On December 2, 2014 the UR denied authorization for prescriptions for Lidoderm patches, Relafen and allowed a modified prescription for Flexeril for weaning. The Lidoderm denial was based on the MTUS guidelines for topical analgesics. The Relafen was denied on the MTUS guidelines for the long term use of anti-inflammatory medications therapy. The modification of Flexeril was based on the MTUS Guidelines for short term use. However, due to the nature of the drug weaning was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #30: 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 lidocainetopical analgesic Page(s): 56-57, 112. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

Decision rationale: The patient presents with neck and right wrist pain due to repetitive stress injury, rated 4/10. The request is for LIDODERM PATCHES 5% #30. Treater report dated 09/23/14 states patient had increased spasm to the "left paracervical and traps up to 8 for 10 days." Lidoderm patches were helpful, but patient is out of them. Patient had moderate benefit from nabumetone or Ibuprofen. Flexeril #30 was prescribed.on 09/23/14. Patient has been treated with chiropractic and acupuncture, which were reported to be helpful. Patient may return to full duty, per treater report dated 11/18/14.MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function.Per progress report dated 09/23/14, treater prescribes Lidoderm patch as needed for severe neuropathic pain of left shoulder. Treater states Lidoderm patches were helpful, but patient is out of them. However, shoulder pain is not peripheral localized pain of neuropathic etiology, as indicated by guidelines. Furthermore, there is no documentation of pain and function. Therefore, the request IS NOT medically necessary.

Relafen 500mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22,60.

Decision rationale: The patient presents with neck and right wrist pain due to repetitive stress injury, rated 4/10. The request is for RELAFEN 500MG #60 1 BID. Treater report dated 09/23/14 states patient had increased spasm to the "left paracervical and traps up to 8 for 10 days." Lidoderm patches were helpful, but patient is out of them. Flexeril #30 was prescribed.on 09/23/14. Patient has been treated with chiropractic and acupuncture, which were reported to be helpful. Patient may return to full duty, per treater report dated

11/18/14.Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain.Treater has not provided reason for the request. Per progress report dated 09/23/14, treater states patient had moderate benefit from Nabumetone or Ibuprofen. Given patient's change in work status and symptoms, the request appears reasonable and indicated by MTUS. Therefore, the request for Relafen IS medically necessary.