

Case Number:	CM15-0011392		
Date Assigned:	01/29/2015	Date of Injury:	12/28/2007
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/21/2015

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 is a 61 year old female, who sustained an industrial injury on 12/28/2007. She reports neck, shoulder and low back pain. Diagnoses include cervical sprain/strain, left shoulder arthroscopic surgery, lumbar sprain/strain, lumbar radiculopathy and chronic pain syndrome. Treatments to date include physical therapy, TENS (transcutaneous electrical nerve stimulation), home exercises and medication management. A progress note from the treating provider dated 11/19/2014 indicates neck pain, low back pain, bilateral lower extremities pain and left shoulder pain. On 12/30/2014, Utilization Review non-certified the request for Lidoderm patch 5% and urine toxicology screen and modified the request for Tramadol 50mg #60 to one month to allow for submission of medication compliance guidelines, citing Official Disability Guidelines and MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine; topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Pain Chapter on Lidoderm patches

Decision rationale: This patient presents with neck, low back, lower extremity, and left shoulder pain. The treater is requesting LIDODERM PATCH 5%. The RFA dated 12/23/2014 shows a request for Lidoderm patches 12 hours on/12 hours off. The patient's date of injury is from 12/28/2007 and her current work status is off work. The 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, 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. The records do not show any previous Lidoderm patch use. Lidoderm patches are recommended for patients with localized, neuropathic, peripheral pain, which this patient does not present with. The request IS NOT medically necessary.

Urine toxicology: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain Chapter, Urine Drug Testing

Decision rationale: This patient presents with neck, low back, lower extremity, and left shoulder pain. The treater is requesting URINE TOXICOLOGY. The RFA dated 12/23/2014 shows a request for urine toxicology screen. The patient's date of injury is from 12/28/2007, and her current work status is off work. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The records show a urine drug screen from 07/18/2014 that showed consistent results. The patient's list of medications include oxycontin and hydrocodone. While the treater does not discuss the patient's "risk assessment," for low-risk opiate users, once-yearly urine drug screen and a followup is recommended for a total of 2 per year. The request IS medically necessary.