MAXIMUS Federal Services

Case Number:	CM15-0015770		
Date Assigned:	02/03/2015	Date of Injury:	10/25/2013
Decision Date:	03/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/27/2015

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 53 year old female, who sustained an industrial injury on October 25, 2013. The diagnoses have included multi-level cervical degenerative disc disease (DDD) and stenosis, neck pain and bilateral arm pain. A progress note dated December 29, 2014 provides the injured worker complained of cervical pain rated 9/10 with headaches, lumbar pain rated 6/10, right hand pain rated 7/10 and bilateral knee pain rated 6/10. Physical exam revealed decreased range of motion (ROM) with tenderness. Plan is for epidural steroid injection and topical and oral medication.On January 16, 2015 utilization review modified a request for Tylenol #3 (codeine 30/acetaminophen 300) one tab every eight hours as needed #90 and non-certified a request for Flurbiprofen/lidocaine cream (20%/5%) 180gm. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 (codeine 30/acetaminophen 300) one tab every eight hours as needed #90:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with cervical spine, lumbar spine, right hand, and bilateral knee pain. The treater is requesting TYLENOL #3 CODEINE 30/ACETAMINOPHEN 300 ONE TAB EVERY EIGHT HOURS AS NEEDED QUANTITY 90. The RFA dated 01/08/2015 shows a request for Tylenol #3 codeine 30/acetaminophen 300 quantity 90 SIG one tab by mouth every eight hours as needed for pain. The patient date of injury is from 12/25/2013 and her current work status is not working.The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient?s likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this timeThe records do not show a history of Tylenol #3 use. The 12/29/2014 report notes that Ibuprofen does not help the patient with her pain. The treater would like to try out Tylenol to see if it helps control her pain and increased her functionality. In this case, the MTUS guidelines support a trial of Tylenol. The request IS medically necessary.

Flurbiprofen/lidocaine cream (20%/5%) 180gm: Upheld

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

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

Decision rationale: This patient presents with cervical spine, lumbar spine, right hand, and bilateral knee pain. The treater is requesting FLURBIPROFEN/LIDOCAINE CREAM 20%/5% 180GM. The RFA dated 01/08/2015 shows a request for flurbiprofen/lidocaine cream 20%/5% 180gm. The patient date of injury is from 12/25/2013 and her current work status is not working.The MTUS Guidelines page 111 on topical analgesics states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short term use, between 4-12 weeks. It is indicated for patient with Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS Guidelines page 112 on topical lidocaine states "recommended for localized peripheral pain after there has been evidence of a first-line therapy -tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica. Topical lidocaine, in the formulation of a dermal patch -Lidoderm- has been designed for orphan status by the FDA for neuropathic pain." The records do not show history of flurbiprofen/lidocaine cream use. The MTUS

Guidelines do not support Lidocaine in other formulations such as creams, lotions or gels. The request IS NOT medically necessary.