

Case Number:	CM15-0144770		
Date Assigned:	09/02/2015	Date of Injury:	11/14/2002
Decision Date:	10/09/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 64 year old male, who sustained an industrial injury on November 14, 2002. The injured worker was diagnosed as having cervicgia, pain in joint of shoulder, pain in joints of multiple sites and encounter for long-term use of other medications. Treatment to date has included surgery, right suprascapular block, physical therapy, medication, ice and heat. A progress note dated June 9, 2015 provides the injured worker complains of increased neck and shoulder pain. He rates the pain 10 out of 10. Physical exam notes decreased cervical range of motion (ROM) with facet loading and right shoulder tenderness to palpation with decreased range of motion (ROM). The plan includes Tylenol, Lidoderm patch, Tramadol, Lidocaine, Diclofenac, medial branch block, nerve block and x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol Ex-str 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Medications for chronic pain.

Decision rationale: The CA MTUS recommend that acetaminophen can be utilized for the short-term treatment of exacerbation of musculoskeletal pain. The chronic use of acetaminophen can be associated with the development of liver damage. The records indicate that the patient is utilizing multiple analgesics including NSAIDs and Tramadol. The chronic use of Tylenol Extra strength 500mg 60 was not met. The request is not medically necessary.

Lidoderm 5% patch (700mg/patch) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when first line anticonvulsant and antidepressant medications have failed. The subjective and objective findings are not consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with first line medications. The diagnoses include pain in multiple peripheral and axial joints. The guidelines recommend topical lidocaine as second line option in localized non-skeletal pain such as CRPS. The criteria for the use of Lidoderm 5% patch (700mg/patch) #30 was not met. The request is not medically necessary.

Lidocaine (amount and quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when first line anticonvulsant and antidepressant medications have failed. The subjective and objective findings are not consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with first line medications. The diagnoses include pain in multiple peripheral and axial joints. The guidelines recommend topical lidocaine as second line option in localized non skeletal pain such as CRPS. The criteria for the use of Lidocaine was not met. The request is not medically necessary.

Diclofenac Sod Dr 75mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complication. The records indicate subjective and objective findings consistent with exacerbation of musculoskeletal pain. The criteria for the use of diclofenac sodium 75mg #30 was met. The request is medically necessary.

One C6-C7 and C7-T1 medial branch block: Overturned

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to conservative treatments with medications and PT. The records indicate subjective and objective findings of exacerbation of the neck pain that did not respond to conservative treatment. The ODG guidelines recommend that cervical facet injections can be utilized in the treatment of non radicular neck pain of facet origin. There is documentation of positive facet loading tests with negative radiculopathy findings. The criteria for C6-C7, C7-T1 median branch block injections was met. The request is medically necessary.