

Case Number:	CM14-0147134		
Date Assigned:	09/15/2014	Date of Injury:	05/07/2001
Decision Date:	11/20/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. . 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year-old male who reported an injury on 05/07/2001. The mechanism of injury was not provided. On 07/02/2014, the injured worker presented with complaints of pain in the right elbow, right neck and upper back. Upon examination of the cervical spine, there was tenderness to palpation over the paracervical and trapezius muscles. There was a trigger point pain over the trapezius noted with swelling of the soft tissue of the right lower anterior neck. There were noted trigger points in the bilateral trapezius, rhomboids, and levator scapulae. There was pain with active range of motion elicited. Motor strength was 5/5. The diagnoses were complex regional pain syndrome, neck pain, brachial neuritis, primary fibromyalgia syndrome, backache, reflex sympathetic dystrophy of the low back and open bimalleolar fracture. The current medications included tizanidine, gabapentin and hydrocodone/acetaminophen. The provider recommended a prescription of Norco and Lidoderm and a urine drug screen. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 URINE DRUG SCREEN: Upheld

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 Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

Decision rationale: The request for urine drug screen is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, any drug seeking behavior or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. As such, medical necessity has not been established.

1 PRESCRIPTION OF NORCO 10/325MG #48: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for 1 prescription of Norco 10/325 mg with a quantity of 48 is not medically necessary. The California MTUS Guidelines recommends the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

1 PRESCRIPTION OF LIDODERM PATCHES #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch Page(s): 56-57.

Decision rationale: The request for 1 prescription of Lidoderm patches with a quantity of 30 is not medically necessary. The California MTUS state that Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of trial of a first line therapy to include a tricyclic or Serotonin-Norepinephrine Reuptake Inhibitors (SNRI), antidepressants or Anti-Epilepsy Drugs (AEDs) such as Gabapentin or Lyrica. This is not a first line treatment. It is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The injured worker does not have a diagnosis congruent with the guideline

recommendations of Lidoderm. Additionally, there is lack of documentation of the injured worker's failure to respond to a first line therapy. The provider's request does not indicate the site at which the Lidoderm was indicated for or the frequency in the request as submitted. As such, medical necessity has not been established.