

Case Number:	CM13-0032292		
Date Assigned:	12/11/2013	Date of Injury:	12/16/1997
Decision Date:	02/03/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Rhode Island. 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 physician 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 beneficiary is a 57 year old female who presents for an injury date of 12/16/97. Her most recent evaluation was 9/11/13. She has cervical strain and neck pain, shoulder repair, bilateral carpal tunnel syndrome with bilateral release. She also has left elbow epicondylitis. She has chronically been prescribed Norco, Lidoderm patch and Ibuprofen with partial relief of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The beneficiary has chronic pain and the use of intermittent non-steroidal anti-inflammatory such as Ibuprofen is medically necessary for control of pain and inflammation. She has pain in multiple sites and has had multiple surgeries. I refer to p.22 of Chronic pain management guidelines in support of my decision.

Lidoderm patches 5%, 2 boxes each with 3 refills for left elbow pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: The use of Lidoderm patch is not medically necessary. She has not been tried on anti-epileptic drugs (AEDs) or serotonin and noradrenaline reuptake inhibitors (SNRIs) medication prior to above use. The use of Lidoderm patch is for post herpetic neuralgia. I refer to p. 56-57 of the chronic pain management guidelines.