MAXIMUS Federal Services

Case Number:	CM13-0040327		
Date Assigned:	06/09/2014	Date of Injury:	01/03/2001
Decision Date:	08/26/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 54 year old female who reported an injury to her low back on 01/03/01. A clinical note dated 08/03/13 indicated the patient complaining of chronic fatigue and complaints of sleep hygiene. The patient also reported total body pain. A clinical note dated 09/30/13 indicated the patient continuing with complaints of low back, neck, left shoulder, bilateral ankle, and knee pain. The patient utilized hydrocodone for pain relief. The patient was a current everyday smoker. No strength deficits were identified in the extremities. The urine toxicology review dated 01/24/14 indicated the patient showing compliance with prescribed drug regimen. A clinical letter of appeal dated 11/20/13 indicated the patient continuing with 3/10 pain despite the use of Norco. Utilization review dated 10/07/13 resulted in non-certification for Lidoderm patches, trunk spine testing, and urine drug screen as insufficient information had not been submitted regarding the medical necessity for these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR LIDODERM PATCHES (THROUGH [redacted]):
Upheld

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

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

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

1 ROM TESTING-TRUNK-SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines.

Decision rationale: The injured worker complained of whole body pain. Flexibility testing throughout the lumbar spine and trunk should be part of a routine office evaluation. The clinical note also mentions the injured worker is an established patient. Therefore it is unclear why range of motion testing could not be completed within a office evaluation. Therefore, the request is not medically necessary.