MAXIMUS Federal Services

Case Number:	CM13-0040333		
Date Assigned:	12/20/2013	Date of Injury:	12/31/1983
Decision Date:	02/28/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 Addiction, has a subspecialty in Pediatrics and is licensed to practice in Massachusetts & New York. 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:

54 yr old patent with work related injury. Patient has diagnoses of cervical strain and trapezial strain. She completed Physical therapy, chiropractic therapy and cervical traction. The medications in dispute are 1. Align probiotic 2. KetoPro/Lido/Cyclo 20/5/1% #120

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription Align 4mg probiotic supplement #56: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-117.

Decision rationale: Not medically indicated. No criteria applicable Need more information regarding the indication why align was prescribed. The UR physician apparently requested specific information with regards to the indication however in the submitted document there is no data that indicates the indication why Align was prescribed.

Retrospective 1 prescription KetoPro/Lido/Cyclo 20/5/1% #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-117.

Decision rationale: Not medically necessary. As per the available documents it seems that patient has attained a plataeu and stationary phase with regards to pain response; patient has attempted chiropractic therapy , physical therapy, cervical tractions etc. In the submitted documents, there is no report ofthe specific responses to pharmacologic or interventional orconservative pain management procedures. However, as per MTUS guidelines,any combination with lidocaine topical alone or in combination is not as indication to treat the pain of of knee . Topical lidocaine is only recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (LidodermÂ®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathicpain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. All the topical preparations are to be used as only an option f the conventional therapy failed. there is no dicumentation of how long the NSAIDs were used and the specific response to those modes of therapy.