

Case Number:	CM13-0042637		
Date Assigned:	12/27/2013	Date of Injury:	07/01/1997
Decision Date:	02/27/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

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 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 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 patient is a 60-year-old female who reported an injury on 07/01/1997. The mechanism of injury was not provided in the medical records. Her diagnoses include bilateral knee arthritis, status post right carpal tunnel release with recurrent carpal tunnel syndrome, possible left carpal tunnel syndrome, and chronic pain syndrome. Her symptoms are noted to include low back pain and left knee pain. Her physical exam findings included tenderness in the lower lumbar paravertebral musculature, decreased range of motion of the lumbar spine, normal motor strength in the lower extremities, tenderness along the medial and lateral joint lines in the bilateral knees, sub-patellar crepitation, and pain with deep flexion. A recommendation was made for housekeeping assistance, transportation services to her medical visits, as well as prescribed for Motrin 800 mg twice a day; Lidoderm patches every 12 hours, and P3 topical compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation services to/from all medical visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & leg, Transportation (to & from appointments.)

Decision rationale: According to the Official Disability Guidelines, transportation services are recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The clinical information submitted for review fails to give an indication for the patient's need for transportation. There was no mention of her inability to use private or public transportation. In the absence of these details, the request is not supported.

Housekeeping assistance eight (8) hours per week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: According to California MTUS Guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are home bound. The guidelines specify the medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care when this is the only care needed. As the request for housekeeping assistance indicates that this is the only care needed, it is not supported by guidelines. As such, the request is non-certified.

Lidoderm patches to apply q12hr #1 box: 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: According to the California MTUS Guidelines, Lidoderm patches may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as an antidepressant or anticonvulsant. The guidelines also specify that this is not a first line treatment option and is only FDA approved for postherpetic neuralgia. The patient's medical records do not include a diagnosis of postherpetic neuralgia. Additionally, the clinical information submitted lacked evidence of failure of first line therapies including antidepressants and anticonvulsants. In the absence of this documentation, the request is not supported. As such, the request is non-certified.

P3 topical compound #120 gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use as there is limited evidence demonstrating efficacy and safety. They are most often recommended to treat neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, for compounded products, the guidelines specify that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The request for P3 topical compound fails to include the specific agents included in the compound. In the absence of this information, it is unclear whether the topical compound is appropriate for the patient's therapeutic goals. As such, the request is non-certified.