

Case Number:	CM13-0050675		
Date Assigned:	12/27/2013	Date of Injury:	03/13/1995
Decision Date:	03/12/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Maryland, and Florida. 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 49-year-old male with a date of injury of 3/13/95. The patient had two surgeries, the left shoulder and a left index finger. He also has neck, back, and knee pain. He is on Xodol, Naproxen, Nortriptyline, Restone, and Mediderm. At issue is the retrospective request for compound drug (Lido RX duration and frequency unknown dispensed on 10/03/13 for the neck and lumbar spine) which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for compound drug (Lido RX duration and frequency unknown) dispensed on 10/3/13 for the neck and lumbar spine: 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 Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (Updated 3/7/2014) Treatment-Topical Analgesics.

Decision rationale: Regarding the retrospective request for compound drug (Lido RX duration and frequency unknown) dispensed on 10/3/13 for the neck and lumbar spine, it is recommended

for treatment of Neuropathic pain as well as 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). There is no documentation that this recommendation was followed. Therefore the request for compound drug (Lido RX duration and frequency unknown) dispensed on 10/3/13 for the neck and lumbar spine, is not medically necessary.