

Case Number:	CM14-0000318		
Date Assigned:	01/10/2014	Date of Injury:	03/20/2012
Decision Date:	04/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Practice, 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 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 46-year-old female who reported an injury on 03/20/2012. The mechanism of injury was not stated. The patient was diagnosed with cervical spine disc disease with radiculopathy, lumbar spine disc disease with an annular tear, right shoulder tendinopathy, right wrist pain and right foot plantar fasciitis. A request for authorization was submitted by [REDACTED] on 12/12/2013 for 2 compounded medications. The patient was seen by [REDACTED] on 12/11/2013. The patient reported persistent cervical spine, lumbar spine and right shoulder pain. Physical examination on that date was not provided. Treatment recommendations at that time included an MRI of the cervical and lumbar spine, continuation of current medications, a referral to a psychiatrist and physical therapy twice per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOPHENOLAC SODIUM P, LIPODERM PASTE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first-line therapy. As per the documentation submitted, there was no evidence of a comprehensive physical examination on the requesting date of 12/11/2013. Therefore, there was no indication of neuropathic or localized peripheral pain. There was also no evidence of a trial of first-line therapy with tricyclic or SNRI antidepressants or an anticonvulsant as recommended by the California MTUS Guidelines. There was also no quantity listed in the current request. Therefore, the request cannot be determined as medically appropriate. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

DEXTROMETHORPHAN POWDER, TRAMADOL, AMITRIPTYLINE HCl POWDER, LIDODERM PASTE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidoderm Page(s): 112-113; 56-57.

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first-line therapy. As per the documentation submitted, there was no evidence of a comprehensive physical examination on the requesting date of 12/11/2013. Therefore, there was no indication of neuropathic or localized peripheral pain. There was also no evidence of a trial of first-line therapy with tricyclic or SNRI antidepressants or an anticonvulsant as recommended by the California MTUS Guidelines. There was also no quantity listed in the current request. Therefore, the request cannot be determined as medically appropriate. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.