MAXIMUS Federal Services

Case Number:	CM14-0104999		
Date Assigned:	07/30/2014	Date of Injury:	04/23/2002
Decision Date:	10/03/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 72-year-old female who was reportedly injured on April 23, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated August 11, 2014, indicates that there are ongoing complaints of low back pain. Current medications include morphine sulfate, Restoril, Lyrica and Lidoderm patches. The physical examination demonstrated tenderness over the facets of the lumbar spine as well as the inter-vertebral spaces and paraspinal muscles. Tenderness was also noted along the cervical paraspinal muscles. There was decreased lumbar spine range of motion. There was ambulation with an antalgic gait. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine surgery, trigger point injections, physical therapy, and aquatic therapy. A request was made for Colace, lidocaine ointment, and Celebrex and was not certified in the pre-authorization process on July 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100 mg #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): 88.

Decision rationale: Colace is a stool softener, useful for the treatment of constipation. There is no clinical indication for this medication for the injured employee as there are no complaints of constipation secondary to narcotic usage. As such, this request for Colace is not medically necessary.

Lidocaine Ointment 5% #70.88: 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): 56.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. The most recent progress note dated August 11, 2014, does not have any findings of a neuropathy on physical examination. As such, this request for Lidocaine Ointment 5% is not medically necessary.

Celebrex 100 mg #60: 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): 22, 30.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. The most recent progress note dated August 11, 2014, does not have any findings of a neuropathy on physical examination. As such, this request for Lidocaine Ointment 5% is not medically necessary.