

Case Number:	CM14-0105747		
Date Assigned:	07/30/2014	Date of Injury:	11/21/2003
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
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 Illinois. 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 49-year-old female who reported an injury on 10/25/2001. The mechanism of injury was not stated. Current diagnoses include displacement of cervical intervertebral disc without myelopathy and degeneration of lumbar disc. The injured worker was evaluated on 05/09/2014 with complaints of ongoing back pain. The current medication regimen includes Valium, gabapentin, ibuprofen, Cymbalta, Lidoderm patch, Soma, oxycodone, Voltaren topical gel, Protonix, and simvastatin. Physical examination was not provided on that date. Treatment recommendations included a refill of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines state lidocaine is indicated for localized peripheral pain or neuropathic pain after there has been evidence of a trial of first-line therapy. As per the documentation submitted, the injured worker has continuously utilized this

medication for an unknown duration. There was no physical examination provided for this review. There is no evidence of objective functional improvement. There is also no documentation of a failure to respond to first-line oral medication. There is no frequency listed in the current request. As such, the request is non-certified.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 and 124..

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized this medication for an unknown duration. Guidelines do not recommend long-term use of this medication. There was no physical examination provided for this review documenting palpable muscle spasm or spasticity. There is also no frequency listed in the current request. As such, the request is non-certified.

Voltaren 1% topical gel: Upheld

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

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

Decision rationale: The California MTUS Guidelines state Voltaren gel is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine, hip, or shoulder. Therefore, the current request cannot be determined as medically appropriate. There was also no frequency or quantity listed in the current request. As such, the request is non-certified.