

Case Number:	CM14-0107690		
Date Assigned:	08/01/2014	Date of Injury:	02/03/2012
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/11/2014

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 records presented for review indicate that this 67-year-old female was reportedly injured on February 3, 2012. The mechanism of injury was noted as cumulative trauma from prolonged walking and prolonged standing. The most recent progress note dated May 22, 2014, indicated that there were ongoing complaints of left foot and ankle pain as well as low back pain. An MRI of the lumbar spine indicated disk desiccation from L2 through S1 and a disc protrusion at L2-L3 and L3-L4. There was a posterior bulge at L4-L5 and a disc osteophyte complex at L5-S1. Facet arthropathy was present at multiple levels. The physical examination demonstrated tenderness and muscle spasm throughout the thoracic spine and lumbar spine. There was slightly decreased lumbar spine range of motion and muscle weakness of the left lower extremity. Left ankle range of motion was also decreased. Diagnostic imaging studies of the left foot indicated subluxation of the second, third, and fourth proximal interphalangeal joints. Previous treatment included physical therapy and orthotics. A request had been made for Neurontin and Lidoderm patches and was not certified in the pre-authorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 capsules of Neurontin 300 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 16-20, 49.

Decision rationale: The California MTUS considers gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is evidence of neuropathic and radicular pain on the physical examination dated May 22, 2014. As such, this request for Neurontin is medically necessary.

60 patches of Lidoderm 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 56, 57, 112 of 127.

Decision rationale: The California MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Based on the progress note dated May 22, 2014, there were physical examination signs of a neuropathy; however, there is also a concurrent request for Neurontin. Considering this, this request for lidocaine patches is not medically necessary.