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| Case Number: | CM14-0016826 | | |
| Date Assigned: | 04/11/2014 | Date of Injury: | 11/08/2009 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 01/20/2014 |
| Priority: | Standard | Application Received: | 02/10/2014 |

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 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 injured worker is a 36-year-old female who reported an injury on 01/19/2009, secondary to a fall. Current diagnoses include major depression and chronic pain syndrome associated with psychological factors and a general medical condition. The injured worker was evaluated on 01/08/2014. The injured worker was administered the Beck Hopelessness Scale, in which the injured worker scored a 19, indicating severe depression. Treatment recommendations at that time included a Lido prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 1/8/14) : LIDO RX TIMES (5) REFILLS: 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: California MTUS Guidelines state Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first-line therapy. There is no documentation of a failure to respond to a trial of antidepressants and anticonvulsants prior to the

initiation of a topical product. Additionally, there is no strength, frequency, or quantity listed in the current request. As such, the request is not medically necessary and appropriate.