

Case Number:	CM14-0117149		
Date Assigned:	08/04/2014	Date of Injury:	05/05/2011
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 34-year-old female with a 5/5/11 date of injury. At the time (6/16/14) of request for authorization for Inpatient Pain Management Clinic and Lidoderm Patches 1 Every 12 Hours (Unspecified Quantity), there is documentation of subjective (chronic pain, neck pain, nausea, headache, and dizziness) and objective (not specified) findings. The current diagnoses are head trauma with no loss of consciousness, probable post concussive syndrome, and complex pain syndrome. The treatment to date includes physical therapy and medications (ongoing therapy with Lidoderm patches since at least 3/17/14). Regarding [REDACTED], there is no documentation that the program is directed and/or overseen by a physician board certified in physiatry or another specialty, such as neurology, with additional training in brain injury rehabilitation; the program has access to a team of interdisciplinary professionals, medical consultants, physical therapists, occupational therapists, speech-language pathologists, neuropsychologists, psychologists, rehabilitation nurses, social workers, rehabilitation counselors, dieticians, therapeutic recreation specialists and others; a specific treatment plan; and that all phases of treatment involve the individual's family/support system. Regarding Lidoderm Patches 1 Every 12 Hours (Unspecified Quantity), there is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica) has failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Interdisciplinary rehabilitation programs.

Decision rationale: MTUS does not address this issue. The Official Disability Guidelines identifies documentation that the program is directed and/or overseen by a physician board certified in psychiatry or another specialty, such as neurology, with additional training in brain injury rehabilitation; the program has access to a team of interdisciplinary professionals, medical consultants, physical therapists, occupational therapists, speech-language pathologists, neuropsychologists, psychologists, rehabilitation nurses, social workers, rehabilitation counselors, dietitians, therapeutic recreation specialists and others; a specific treatment plan; and that all phases of treatment involve the individual's family/support system, as criteria necessary to support the medical necessity of an inpatient interdisciplinary rehabilitation program. Within the medical information available for review, there is documentation of diagnoses of head trauma with no loss of consciousness, probable post concussive syndrome, and complex pain syndrome. However, there is no documentation that the program is directed and/or overseen by a physician board certified in psychiatry or another specialty, such as neurology, with additional training in brain injury rehabilitation; the program has access to a team of interdisciplinary professionals, medical consultants, physical therapists, occupational therapists, speech-language pathologists, neuropsychologists, psychologists, rehabilitation nurses, social workers, rehabilitation counselors, dietitians, therapeutic recreation specialists and others; a specific treatment plan; and that all phases of treatment involve the individual's family/support system. Therefore, based on guidelines and a review of the evidence, the request for Inpatient Pain Management Clinic is not medically necessary.

Lidoderm Patches 1 every 12 Hours (Unspecified Quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a Lidocaine patch. MTUS

definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of head trauma with no loss of consciousness, probable post concussive syndrome, and complex pain syndrome. However, there is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica) has failed. In addition, given documentation of ongoing treatment with Lidoderm patches since at least 3/17/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Lidoderm patches. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm Patches 1 Every 12 Hours (Unspecified Quantity) is not medically necessary.