

Case Number:	CM14-0128428		
Date Assigned:	08/15/2014	Date of Injury:	01/07/2013
Decision Date:	09/18/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

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 and 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 was injured on January 7, 2013 when a vehicle crashed through the window of the building she occupied causing debris to strike the injured worker resulting in neck and low back injury. Diagnoses include sprain and strain of the lumbar region, acute stress reaction, and long term use of medication. The clinical note dated July 29, 2014 indicated the injured worker presented complaining of left neck and low back pain with intermittent radicular left upper extremity pain radiating into the left hand and also left foot. The documentation indicated the injured worker treated with physical therapy, anti-inflammatory medications, and muscle relaxants. The injured worker had been undergoing cognitive behavioral therapy and biofeedback treatment with a psychologist for post-traumatic stress disorder. The injured worker utilized Trazadone intermittently due to sedation and recommended Nortriptyline for neuropathic pain and sleep disturbance. Alprazolam was prescribed for post-traumatic stress disorder on an as needed basis. The injured worker requested additional physical therapy to advance to an independent exercise program. The injured worker was utilizing Lidocaine ointment with benefit. Nabumetone reported to decrease pain; however, caused gastritis. Medications included Alprazolam 0.25mg every day, Lansoprazole 40mg every day, Lidocaine 5% ointment four times a day, Nabumetone 500mg twice a day, and Trazadone 50mg every night. There was no physical examination provided for review. The initial request was non-certified on August 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Ointment 100 gm, quantity of one: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the Food and Drug Administration for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. As such, the request for Lidocaine 5% Ointment 100 gm, quantity of one, is not medically necessary or appropriate.

Urine Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. As such, the request for urine screen is not medically necessary or appropriate.

Six monthly follow up visits for pain management: 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 online version, Low back Complaints.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, follow-up evaluations should occur no later than one week into the acute pain period. American College of Occupational and Environmental Medicine indicates, at the other extreme, in the stable chronic low blood pressure setting, follow-up may be infrequent, such as every 6 months. There is no indication in the documentation that the injured worker has had a significant alteration in status, acute injury, or requires treatment out of the scope of the primary care provider. As such, the request for six monthly follow up visits for pain management is not medically necessary or appropriate.