

Case Number:	CM14-0023543		
Date Assigned:	06/11/2014	Date of Injury:	06/20/2011
Decision Date:	07/30/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/25/2014

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 underlying date of injury in this case is 06/20/2011. The patient's diagnosis is a chronic pain syndrome. The treating orthopedist's followup note of 04/25/2014 notes the specific diagnoses of left lateral femoral cutaneous neuritis, iliac crest enthesopathy, and a lumbar sprain. That treating orthopedist noted that the patient continued to have low back pain radiating to the left hip area. The patient had continued to use Lidoderm patches and Gralise (containing gabapentin) for her pain in the low back though the patient was concerned that Norco had been denied. The patient's treatment was transferred to a rehabilitation physician. That note discusses a prior electrodiagnostic study of 12/30/2013 and indicates no abnormality was identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO CERVICAL/ LUMBAR SPINE QTY 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG: Neck and Upper Back (updated 12/16/13) Physical Therapy and Low Back (updated 2/13/14), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 99, recommends that a patient transition to an independent home rehabilitation program. The treatment guidelines anticipate that this patient would have transitioned to such an independent home rehabilitation program. The medical records do not provide a rationale instead for additional supervised physical therapy. This request is not medically necessary.

LIDODERM PATCHES #60 QTY 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm/Lidodem Patch Page(s): 56-57.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics, page 113, states that topical lidocaine is indicated for localized peripheral neuropathic pain. The medical records do discuss a diagnosis of lateral femoral cutaneous neuritis. However, other physician reviews point out that there is no physical examination or diagnostic evidence to clearly support this diagnosis. The patient is described as having pain largely in the low back and hip, which is not consistent with lateral femoral cutaneous neuralgia. Overall the medical records do not support a local neuropathic pain diagnosis for which a Lidoderm patch would be indicated. This request is not medically necessary.

GRALISE 600MG #90 QTY 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Medications Page(s): 18.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on antiepileptic medications states that gabapentin (the active ingredient in Gralise) appears to be effective for treatment of neuropathic pain. The medical records in this case discuss a possible diagnosis of lateral femoral cutaneous neuritis. However, an EMG was normal, and the physical exam findings of pain in the low back and hip are not consistent with this diagnosis. Overall the medical records do not clearly document a diagnosis of neuropathic pain. Therefore, there is no indication to support the use of Gralise and the request is not medically necessary.