

Case Number:	CM14-0037770		
Date Assigned:	06/25/2014	Date of Injury:	10/10/2006
Decision Date:	07/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	03/31/2014

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 injured worker is a 43-year-old female who was reportedly injured on October 10, 2006. The mechanism of injury is a slip and fall. The most recent progress note dated January 29, 2014, indicates that there are ongoing complaints of low back pain radiating down the bilateral lower extremities. The physical examination demonstrated tenderness along the cervical and lumbar spine. There was decreased lumbar spine range of motion and decreased sensation in the right C8 and right L3 through S1 dermatomes. There was a decreased Achilles reflex bilaterally and a positive left-sided straight leg raise 80. Diagnostic imaging studies objectified mild degenerative disc disease and a grade one spondylolisthesis of L4/L5. There was also a T11/T12 disc protrusion/extrusion. Previous treatment includes six sessions of physical therapy and five sessions of chiropractic therapy. A request was made for Lidoderm, Tramadol and Naproxen and was not certified in the pre-authorization process on March 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Topical Ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: The most recent progress note dated January 29, 2014, indicates that the injured employee has radicular complaints which were corroborated by physical examination. While topical Lidoderm is a medication indicated for treatment of neuropathic pain symptoms it is a second line treatment after documented failure of first-line agents such as antidepressants or anti-epilepsy drugs. There is no documentation that the injured employee has first-line treatments. This request for Lidoderm is not medically necessary.

Tramadol 150MG ER, 30 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: Tramadol is an opioid analgesic indicated for treatment of moderate to severe pain. The medical record does not indicate objective pain relief obtained by Tramadol, discussion of potential side effects, potential a barren to behavior, or its ability to help the injured employee function and perform activities of daily living. Without this information this request for Tramadol is not medically necessary.

Naproxen Sodium 550MG, 60 count.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

Decision rationale: Naproxen is an anti-inflammatory medication indicated for mild to moderate pain and prescribed at the lowest possible dose for the shortest period possible. The request for Naproxen 550 mg is the strongest dosage available. Additionally, according to the most recent progress note dated January 29, 2014, there is no documentation of objective pain relief with Naproxen and other over-the-counter analgesics. For these reasons this request for Naproxen 550 mg is not medically necessary.