

Case Number:	CM14-0061509		
Date Assigned:	07/09/2014	Date of Injury:	11/01/2002
Decision Date:	08/13/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational Medicine 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 patient is a 58 year old female who was injured on 11/01/2002 after a slip and fall, injuring her lumbar spine, lower extremities, and knees. She underwent a meniscectomy, arthroscopy, and debridement in 2005. Prior treatment history has included brace. Ortho note dated 03/24/2014 states the patient complained of bilateral knee, back, and right ankle pain. She reported flaring pain in the knees. On exam, she is noted to have moderate crepitance with motion. She has medial joint line pain mostly and some parapatellar tenderness as well. There is no significant swelling. She was instructed to go to physical therapy for strengthening and she should wear her brace daily and return in 3 months. Visit note dated 03/03/2014 reports the patient presented with chronic lumbar and symptoms of neuropathic lower extremity pain and bilateral knee pain. She rated her pain as 6-7/10. She does take Ibuprofen 800 mg, Lidocaine 5%, Lyrica 25 mg and Nortriptyline 10 mg. She reported Lyrica helps more with pain relief and does not cause side effects. On exam, she has some difficulty with heel walk and toe walk due to pain. There are lower extremity balance problems related to pain and sensation of weakness and numbness. She has allodynia located over the medial aspect of her right knee. Lower extremity reflexes are hypoactive symmetrically. She has diffuse lower extremity weakness to manual motor testing bilaterally. She is diagnosed with lumbar or lumbosacral disc degeneration, lower leg pain in the joint, lumbago, sleep disturbances, and neuralgia, neuritis and radiculitis. She was recommended a topical agent to treat both spasmodic and neuropathic component. She was given Lidocaine 5%. Prior utilization review dated 04/17/2014 states the request for Office Visit - Follow up 1 time a month, QTY: 6 is certified and has been modified to Follow-up visit 1 times a month, QTY 3; Lidocaine 5% ointment is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Visit - Follow up 1 time a month, QTY: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office Visits.

Decision rationale: According to ODG guidelines, office visits are recommended as determined to be necessary. A set number of office visits per condition cannot be reasonably established. In this case, a request is made for monthly office visits for a quantity of 6. However, the decision for a subsequent office visit may be made on a visit by visit basis. Therefore, the request for office visits - follow up 1 time a month, qty: 6 is not medically necessary.

Lidocaine 5% ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to MTUS guidelines, Lidoderm (Lidocaine patch) is the only approved topical formulation of Lidocaine. This is a request for a 5% Lidocaine ointment which is not indicated. Therefore, the request for Lidocaine 5% ointment is not medically necessary.