

Case Number:	CM14-0077379		
Date Assigned:	07/18/2014	Date of Injury:	08/31/1998
Decision Date:	09/22/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 injured worker is a 50-year-old female who reported an injury on 08/31/1998. The mechanism of injury was not provided for review. The injured worker's treatment history included a cervical fusion, physical therapy, medications, epidural steroid injections, activity modification, chiropractic care, acupuncture, and a back brace. The injured worker was evaluated on 05/07/2014. Evaluation of the cervical spine documented tenderness to palpation over the paraspinal musculature with decreased range of motion secondary to pain. An evaluation of the lumbar spine documented tenderness to palpation of the paravertebral musculature with decreased range of motion secondary to pain, and decreased patellar reflexes of the left side and a positive straight leg raising test on the left side. The injured worker's diagnoses included cervical radiculopathy, status post cervical spine fusion, lumbar radiculopathy, fibromyalgia, headaches, anxiety, depression, hypertension, insomnia, chronic pain, jaw pain, and a history of incontinence. It was noted that the injured worker had undergone several weaning attempts of opioids with significant withdrawal symptoms. It was noted that the injured worker had been paying out of pocket for Lidoderm patches, Provigil, and Percocet. The injured worker's treatment plan included a home exercise program and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch 1-2 tabs 12 hours on, 12 hours off #60: Upheld

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

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

Decision rationale: The requested Lidoderm 5% patch 1 to 2 tablets 12 hours on and 12 hours off #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of Lidoderm patches be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 12/2011. However, the most recent clinical documentation failed to provide any evidence of significant functional benefit or a quantitative assessment of pain relief to support the efficacy and continued use of this medication. As such, the requested Lidoderm 5% patch 1 to 2 tabs 12 hours on and 12 hours off #60 is not medically necessary or appropriate.

Keflex 500mg 1 every 6 hours #28: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease Chapter, Cephalexin (Keflex).

Decision rationale: The requested Keflex 500 mg 1 every 6 hours #28 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address this medication. Official Disability Guidelines recommend the use of this antibiotic for infections. The clinical documentation submitted for review does not provide any evidence that this injured worker has an infection that would benefit from the use of this medication. As such, the requested Keflex 500 mg 1 every 6 hours #28 is not medically necessary or appropriate.