

Case Number:	CM14-0078713		
Date Assigned:	07/18/2014	Date of Injury:	07/26/2013
Decision Date:	09/25/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/29/2014

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 records, presented for review, indicate that this 37-year-old female was reportedly injured on July 26, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated April 3, 2014, indicated that there were ongoing complaints of frequent neck pain. The physical examination demonstrated a 5'4", 120-pound individual with a slightly reduced cervical spine range of motion. Diagnostic imaging studies were not reported. Previous treatment included plain radiographs, multiple medications, electrodiagnostic studies, chiropractic care and acupuncture. A request was made for topical preparations and was not certified in the preauthorization process on May 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-tek Gel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112 of 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first

line therapy including antidepressants or antiepileptic medications. Review of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first line medications. Furthermore, past use of these topical preparations has not yielded any efficacy. As such, this request is not medically necessary.

Lidoderm Patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112 of 127.

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