

Case Number:	CM14-0086297		
Date Assigned:	07/23/2014	Date of Injury:	09/26/2003
Decision Date:	09/25/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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 69 year old female was reportedly injured on September 26, 2003. The mechanism of injury is undisclosed. The most recent progress note, dated May 13, 2014, indicates that there are ongoing complaints of exacerbations of pain radiating to the neck, upper back, shoulders, and lower back. Current medications include Lidoderm patches. The physical examination demonstrated tenderness over the cervical spine, right shoulder, and lumbar spine, especially along the lumbar paravertebral muscles, decreased right shoulder range of motion and a positive impingement sign. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes Lidoderm patches. Twice a week for six weeks a request had been made for Lidoderm patches and acupuncture twice a week for six weeks and was not certified in the preauthorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches # 30, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches, Topical analgesics Page(s): 46, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: The California 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 antiepilepsy medications. Review of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first line medications. As such, this request for Lidoderm patches is not medically necessary.

6 Accupuncture visits 2 times weekly for 6 weeks total of 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines would support the use of acupuncture for the injured employee symptoms. However initial functional improvement should be assessed after three to six treatments and then continued if a benefit is shown. This request is for twelve visits. Considering this, the request for acupuncture twice a week for six weeks for a total of twelve visits is not medically necessary.