

Case Number:	CM14-0095107		
Date Assigned:	07/25/2014	Date of Injury:	05/08/1999
Decision Date:	09/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/22/2014

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 56-year-old gentleman was reportedly injured on May 8, 1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 7, 2014, indicated that symptoms were unchanging. Current pain medications are stated to be improving the functional ability. No focused physical examination was performed on this date. A previous physical examination, performed on June 6, 2014, revealed myofascial tenderness and trigger points of the bilateral paracervical musculature as well as the right trapezius and right supraspinatus muscles. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included trigger point injections and the use of a spinal cord stimulator. A request had been made for Lidoderm 5% and Catapres-TTS and was not certified in the pre-authorization process on June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Catapres-TTS 1 0.1mg /24hr #4: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a608049.html>.

Decision rationale: Catapres is a medication that is used alone or in combination with other medications to treat high blood pressure. A review of the attached medical record does not indicate that the injured employee has a diagnosis of high blood pressure. As such, this request for Catapres-TTP is not medically necessary.

Lidoderm 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 8th Edition, 2013 : Lidoderm patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57,112.

Decision rationale: The California MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Review, of the available medical records, indicates that the injured employee is already taking an antidepressant medication, Celexa, as well as anti-epileptic medication, Neurontin. It is not stated that these medications are ineffective. As such, this request for Lidoderm 5% is not medically necessary.