

Case Number:	CM14-0188192		
Date Assigned:	11/18/2014	Date of Injury:	05/13/2005
Decision Date:	01/07/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/12/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

11/10/14 note reports pain that is shooting, throbbing, and soreness. Pain is 10/10 to 9/10. Exam notes pain in the lumbar spine with tenderness in the right and left paravertebral regions. There is bilateral SI joints and buttocks pain. SLR is reported as positive and sensation is decreased. There is decreased ROM bilateral in ankles due to pain. Strength was difficult to measure due to pain. The insured is reported to be intolerant to most oral medications. There is reported shinny skin with hyperalgesia/allodynia in the hands and feet bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Capsaicin 0.025% topical cream, dispensed 9/11/14, quantity 1:
Upheld

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

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

Decision rationale: The medical records provided for review indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records report poor tolerance to oral medications but does not indicate the specific medications failed, specifically trials of

antidepressants and anticonvulsants. MTUS supports this agent is Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. The request is not medically necessary.

Retrospective request for Lidoderm patches, 5% 700 mg/patch dispensed on 9/11/14, quantity 60: Upheld

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

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

Decision rationale: The medical records provided for review indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records report poor tolerance to oral medications but does not indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. The request is not medically necessary.