

Case Number:	CM14-0196369		
Date Assigned:	12/03/2014	Date of Injury:	12/15/2004
Decision Date:	01/15/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63-year-old female with a 12/15/04 date of injury. At the time (10/7/14) of request for authorization for 1 Tube of lidocaine 5%, 2 Bottles of Proventil inhaler, and 1 Diskus of Advair 5/500, there is documentation of subjective (neck pain that radiates to the right shoulder, upper back and bilateral trapezii, right hip pain, right knee pain, and rectal/vaginal pain) and objective (decreased range of motion of the bilateral shoulders, positive bilateral Hawkin's test, and decreased range of motion in the lumbar spine) findings, current diagnoses (lumbar degenerative disc disease, right shoulder rotator cuff tear, cervical degenerative disc disease, probable left shoulder impingement syndrome, asthma, emphysema, COPD, and current bronchitis), and treatment to date (physical therapy, TENS unit, and medications (including ongoing treatment with Paroxetine, Gabapentin, and Norco)). Medical reports identify a request for Advair 500/50, one puff twice daily x 1 diskus and Proventil inhaler two puffs four times daily x two bottles. Regarding Tube of lidocaine 5%, there is no documentation that trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tube of lidocaine 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, right shoulder rotator cuff tear, cervical degenerative disc disease, probable left shoulder impingement syndrome, asthma, emphysema, COPD, and current bronchitis. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Gabapentin and Paroxetine, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for 1 Tube of lidocaine 5% is not medically necessary.

2 Bottles of Proventil inhaler: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Albuterol

Decision rationale: MTUS does not address this issue. ODG identifies documentation of Asthma, as criteria necessary to support the medical necessity for Proventil. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, right shoulder rotator cuff tear, cervical degenerative disc disease, probable left shoulder impingement syndrome, asthma, emphysema, COPD, and current bronchitis. In addition there is documentation of a request for Proventil inhaler two puffs four times daily x two bottles. Therefore, based on guidelines and a review of the evidence, the request for 2 Bottles of proventil inhaler is medically necessary.

1 Diskus of Advair 5/500: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Advair (Salmeterol/Fluticasone)

Decision rationale: MTUS does not address this issue. ODG identifies documentation of Asthma, as criteria necessary to support the medical necessity for Advair. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, right shoulder rotator cuff tear, cervical degenerative disc disease, probable left

shoulder impingement syndrome, asthma, emphysema, COPD, and current bronchitis. In addition there is documentation of a request for Advair 500/50, one puff twice daily x 1 diskus. Therefore, based on guidelines and a review of the evidence, the request for 1 Diskus of Advair 500/500 is medically necessary.