

Case Number:	CM15-0130162		
Date Assigned:	07/16/2015	Date of Injury:	07/16/2010
Decision Date:	09/08/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	07/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57-year-old female injured worker suffered an industrial injury on 7/16/2010. The diagnoses included lumbar intervertebral disc displacement without myelopathy, cervical strain/sprain, brachial neuritis or radiculitis and rotator cuff syndrome. The treatments included medications. On 6/23/2015 the treating provider reported complaints of left shoulder, left arm, elbow, forearm, wrist, hand, left lumbar area, left sacroiliac region, right shoulder, right arm, left leg, left ankle/foot pain and numbness rated 5/10. She stated she feels better with pain medications and topical preparations. The cervical/lumbar spine range of motion was restricted. It was not clear if the injured worker had returned to work. The requested treatments included Wheelchair Purchase and Lidoderm Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair Purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna Government Services, Blue Cross/Blue Shield Medical Policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) / Wheelchair.

Decision rationale: The MTUS/ACOEM did not address the use of a wheel chair in the injured worker, therefore other guidelines were consulted. Per the ODG, manual wheelchair is recommended, "if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Reclining back option recommended if the patient has a trunk cast or brace, excessive extensor tone of the trunk muscles or a need to rest in a recumbent position two or more times during the day. Elevating leg rest option recommended if the patient has a cast, brace or musculoskeletal condition, which prevents 90-degree flexion of the knee, or has significant edema of the lower extremities. Adjustable height armrest option recommended if the patient has a need for arm height different from those available using non-adjustable arms. A lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair." A review of the injured workers medical records reveal that she is non-ambulatory due to her degenerative lumbar spine condition and the wheelchair will be used to improve mobility and ADL's. In light of the injured workers clinical presentation the use of a wheelchair is appropriate, therefore the request for wheelchair purchase is medically necessary.

Lidoderm Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, Lidoderm Page(s): 112.

Decision rationale: Chronic pain Medical Treatment Guidelines for topical analgesics for Lidoderm indicated it was recommended for localized peripheral neuropathic pain after there had been evidence of a trial of first-line therapy such as tri-cyclic antidepressant, SNRI (serotonin norepinephrine reuptake inhibitor) antidepressants or AED (antiepileptic drugs). Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There was no evidence of failed trial of recommended first line medications there is also no documentation of pain or functional improvement with the use of Lidoderm, without this information it is not possible to determine if Lidoderm is medically necessary. Therefore, the request for Lidoderm is not medically necessary.