

Case Number:	CM15-0186515		
Date Assigned:	09/28/2015	Date of Injury:	08/04/2008
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/22/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 injured worker is a 42 year old female, who sustained an industrial injury on August 4, 2008. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical intervertebral disc displacement without myelopathy, brachial neuritis or radiculitis, shoulder tendinitis, periartthritis shouder, carpal tunnel syndrome, lumbar intervertebral disc displacement without myelopathy, lumbalgia, piriformis syndrome, anxiety, depression and gastroesophageal reflux disease. Treatment to date has included diagnostic studies, surgery and medications. In a report dated August 11, 2015, the current medication regimen included Dexilant, Simethicone, Probiotics, Prozac, Bentyl, Tramadol and Sentra AM. On August 25, 2015, the injured worker complained of cervical, lumbar and right anterior shoulder pain. The pain was rated as an 8 on a 1-10 pain scale and was noted to be noticeable approximately 90% of the time. The discomfort, at best, was rated as a 4 on the pain scale. The treatment plan included a internal medicine follow-up, Lidall patches # 60 to apply to cervical and lumbar spine for pain, acupuncture for the cervical and lumbar spine and an MRI of the cervical and lumbar spine. On September 4, 2015, utilization review denied a request for Lidall patches #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidall Patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: This 42 year old female has complained of neck pain, shoulder pain and wrist pain since date of injury 8/4/2008. She has been treated with surgery, physical therapy and medications. The current request is for Lidall patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Lidall patch is not indicated as medically necessary.