

Case Number:	CM15-0020136		
Date Assigned:	02/09/2015	Date of Injury:	09/26/2006
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/03/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 48 year old female, who sustained an industrial injury on 09/26/2006. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include status post right knee arthroscopic surgery, internal derangement of the left ankle/foot, and right cervical spine radiculopathy. Treatment to date has included medication regimen, psychiatric treatment, and above listed surgery. In a progress note dated 12/15/2014 the treating provider reports throbbing right knee pain, aching neck pain with stiffness, back pain, and bilateral hand and finger numbness. The documentation provided did not contain the current requested treatments for lumbar-sacral orthosis and Lidoderm patch. On 01/27/2015 Utilization Review non-certified the requested treatments of custom lumbar-sacral orthosis brace (in house) and Lidoderm patch, one to two patches for 12 hours on and 12 hours off with a quantity of 60, noting the California Medical Treatment Utilization Schedule: American College of Occupational and Environmental Medicine Practice Guidelines, 2nd Edition, Low Back Physical Methods and Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom LSO brace in-house: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The MTUS Guidelines recommend the use of lower back support braces after a recent injury to the lower back causing pain or a recent flare of pain symptoms. Education and encouragement of proper body positioning during activities and/or lifting is superior to the use of braces. Research has not shown lower back braces to have a lasting benefit beyond the earliest phase of symptom relief. The submitted and reviewed documentation indicated the worker was experiencing neck stiffness, right knee and back pain, and numbness involving both hands. There was no discussion suggesting reasons a back brace would be helpful or detailing special circumstances that supported this request. In the absence of such evidence, the current request for a custom LSO brace is not medically necessary.

Lidoderm patch; 1-2 patches 12H on 12H off #60: Upheld

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

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

Decision rationale: The MTUS Guidelines describe topical lidocaine is recommended to treat localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation indicated the worker was experiencing neck stiffness, right knee and back pain, and numbness involving both hands. There was no discussion indicating the worker had failed first line treatments or describing special circumstances that sufficiently support this request. In the absence of such evidence, the current request for sixty Lidoderm (topical lidocaine) patches to be used as one to two patches on for twelve hours then off for twelve hours is not medically necessary.