

Case Number:	CM15-0050678		
Date Assigned:	03/24/2015	Date of Injury:	09/30/1997
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/17/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 70 year old female, who sustained an industrial injury on 9/30/1997. The mechanism of injury was not provided for review. The injured worker was diagnosed as having plantar fasciitis, limb pain and left Achilles tendonitis. Treatment to date has included steroid injections, wrist splints, ankle wraps, acupuncture, chiropractic care, epidural steroid injection, facet joint injections, massage therapy, occipital nerve block, physical therapy and medication management. Currently, the injured worker complains of increased wrist pain and foot pain. In a progress note dated 3/11/2015, the treating physician is requesting Medrol dose pack and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 medrol dose pack: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Oral corticosteroids; Low Back - Lumbar & Thoracic (Acute & Chronic), Corticosteroids.

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

Decision rationale: Guidelines do not recommend oral corticosteroids for treatment of low back pain except for polymyalgia rheumatica and signs and symptoms of radiculopathy. In this case, the patient does not show signs of radiculopathy and there is no exacerbation of condition or a new injury. Thus, the request for medrol pack is not medically necessary and appropriate.

1 prescription of Lidoderm 5% patch #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesia.

Decision rationale: Guidelines recommend lidoderm patches for localized peripheral pain after a trial of first line therapy of antidepressants or antiepileptics. Lidoderm patches are not first line treatment and are only approved for post herpetic neuralgia. In his case, the patient does not suffer from localized peripheral pain. The request for Lidoderm 5% patch #90 is not medically necessary and appropriate.