

Case Number:	CM13-0069076		
Date Assigned:	01/03/2014	Date of Injury:	10/20/1996
Decision Date:	05/29/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 45-year-old female with a date of injury of 10/20/96. The listed diagnoses per [REDACTED] are ganglion cyst versus neuroma dorsum of the right wrist, cervical sprain/strain, radial neuritis of the right upper extremity, status post carpal tunnel and cubital tunnel release of the right upper extremity, sprain/strain of the left upper extremity, lumbar degenerative disc disease, and lumbar facet joint arthropathy. According to a report by [REDACTED] dated 10/14/13, the patient presents with neck and wrist pain. The neck pain radiates down to both arms and hands, moreso on the left. The patient has a visual cyst on the right wrist which is protruding; it should be removed via syringe or surgically to alleviate the pressure that is causing her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5% #30 (12 HRS ON 12 HRS OFF) FOR SIX MONTHS: Upheld

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

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

Decision rationale: The MTUS Guidelines state that lidocaine is indicated for neuropathic pain, and localized peripheral pain after there has been evidence of trial of first line therapy. In this case, this patient has been prescribed Lidoderm patches since 1/7/13. Given the patient's complaints of neuropathic pain, these topical patches may be indicated. However, a review of the reports from 1/7/13 to 10/14/13 does not provide any discussion of the efficacy of these patches. The MTUS guidelines require documentation of pain assessment and functional changes when medications are used for chronic pain. As such, the request is not medically necessary.

ENSURE PLUS LIQUID (2 CANS DAILY) FOR SIX MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation High-Calorie Complete Nutrition features.

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

Decision rationale: The ACOEM, MTUS, and Official Disability Guidelines do not specifically discuss Ensure, which is a nutritional shake. However, the ODG does discuss medical foods. A medical food is defined as a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements based on recognized scientific principles are established by medical evaluation. In this case, the primary treating physician provides no discussion as to what disease or condition requires this nutritional supplement. There is no documentation as to why this patient requires oral caloric supplementation and why the patient cannot consume food normally. As such, the request is not medically necessary.