

Case Number:	CM14-0135580		
Date Assigned:	08/29/2014	Date of Injury:	02/23/2012
Decision Date:	10/07/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/22/2014

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 Internal Medicine 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:

This patient is a 66 year old female who was injured on 02/23/2012. The mechanism of injury is unknown. Progress report dated 07/30/2014 states the patient complained of headaches and dizziness. She also complained of bilateral shoulder pain which she rated as 7-8/10. The patient becomes aggravated with activities. On exam, her pupils are equal bilaterally and reactive to light and accommodation. Her mood is appropriate and affect is normal. There are no other significant findings. The patient is diagnosed with bilateral shoulder pain, bilateral knee pain, blurred vision, sleep difficulty. The patient has been recommended to a neurologist for her severe headaches. The patient has had a head trauma in the past and has not had any neurological treatment. Regarding her shoulder pain, the patient was prescribed Diclofenac/Lidocaine cream. Prior utilization review dated 08/01/2014 states the request for Neurologist consultation and treatment is modified for consultation only as the specialist may refer the patient to other specialist for management; Diclofenac/Lidocaine cream 3%/5% 180grams is denied as there is no evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist consultation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, Pages 503

Decision rationale: The guidelines recommend referral to specialist as deemed necessary by the treating physician. The patient does have chronic headaches and has failed conservative treatments. It is reasonable to refer the patient to a neurologist for consultation regarding the headaches and complaints of dizziness. However, the request for neurology treatment is not within the scope of the referring physician. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Diclofenac/Lidocaine cream 3%/5% 180grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 -113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The guidelines state that any compounded product which contains at least one product which is not certified renders the entire medication to be not recommended. The requested medication contains topical lidocaine cream. The current guidelines do not recommend topical lidocaine in cream formulation. Lidocaine is only recommended as a topical patch. There was insufficient discussion to certify the medication outside of the current guidelines. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.