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| Case Number: | CM14-0093192 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 07/26/2003 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 06/02/2014 |
| Priority: | Standard | Application Received: | 06/19/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 58 year old male was reportedly injured on July 26, 2003. The mechanism of injury is undisclosed. The most recent progress note, dated July 23, 2014, indicated that there were ongoing complaints of ongoing low back pain. The urine drug screen was positive for amphetamines (attention deficit disorder medications) and opioids. The physical examination demonstrated a decrease in range of motion, tenderness to palpation over the hardware, and motor function was 5/5. Diagnostic imaging studies objectified the surgical hardware and overgrowth of the bone graft at L4 to L5. Previous treatment included lumbar fusion surgery, physical therapy, and multiple medications. A request was made for Lidocaine pad and Voltaren gel and was not certified in the preauthorization process on June 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% #60: Upheld

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

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

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), there is a support for the use of topical Lidocaine in individuals with neuropathic pain lesion. However, failure of first line therapy must be documented. The progress notes, presented for review, indicate a hardware block, but no other clinical information was presented. This complete lack of clinical information or determination of the efficacy of this product leads one to determine that there is no continued radical medical necessity for this preparation.

Voltaren gel 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), this topical analgesic is indicated for the relief of osteoarthritis pain. The progress notes for review clearly establish that the pain generator is the hardware for which a hardware block was pursued. There is no documentation of any osteoarthritis. The plain films indicate the lumbar fusion is solid. Therefore, based on the limited clinical information presented for review, this is not medically necessary.