MAXIMUS Federal Services

Case Number:	CM15-0092064		
Date Assigned:	05/18/2015	Date of Injury:	11/13/2011
Decision Date:	06/23/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/13/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of November 13, 2011. In a Utilization Review report dated April 9, 2015, the claims administrator denied a request for "neuro spine" consultation and topical Lidoderm patches. The claims administrator did suggest that the applicant had undergone earlier lumbar spine surgery. The claims administrator referenced progress notes of March 6, 2015 and February 14, 2015 in its determination. The applicant's attorney subsequently appealed. In a February 11, 2013 consultation, the applicant was described as having severe postoperative pain following earlier lumbar spine in February 2013. The applicant was described as heavy marijuana user with comorbidities including depression, insomnia, anxiety, and obesity. On February 14, 2015, the applicant reported ongoing complaints of low back, shoulder, elbow, knee, leg, calf, and thigh pain, highly variable, ranging from 6 to 8/10 with derivative complaints of anxiety, stress, and depression. Various activities including bending, pushing, pulling, lifting, carrying and turning all remained problematic, it was reported. A neuro spine consultation and Lidoderm patches were endorsed, along with electrodiagnostic testing of the bilateral upper and bilateral lower extremities, MRI imaging of the cervical and lumbar spines and an interferential stimulator device. The attending provider stated that the neurospine consultation represented a request for the applicant to transfer care to a pain management specialist. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5%: Upheld

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

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

Decision rationale: No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, there is no evidence of antidepressant adjuvant medication and/or anticonvulsant adjuvant medication failure prior to introduction of the Lidoderm patches in question. Therefore, the request was not medically necessary.

Consultation Neurospine Specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 92, 127, 112; Official Disability Guidelines (ODG), Low Back Chapter, Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: Conversely, the request for a consultation with a neurospine specialist was medically necessary, medically appropriate, and indicated here. The attending provider's progress note of February 14, 2015 suggested that the request represented a request for referral to a pain management physician. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the diagnosis and/or determine whether a specialist evaluation is necessary. Here, the requesting provider, an orthopedic surgeon, seemingly suggested that the applicant had chronic, longstanding pain complaints which had proven recalcitrant to conservative management. The applicant was off of work, on total temporary disability. Obtaining the added expertise of a practitioner in another specialty, namely a neurospine specialist or a pain management specialist was, thus, indicated. Therefore, the request was medically necessary.