

Case Number:	CM14-0140776		
Date Assigned:	09/10/2014	Date of Injury:	06/17/2010
Decision Date:	10/16/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/30/2014

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 31-year-old gentleman was reportedly injured on June 17, 2010. The most recent progress note, dated August 7, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. Pain was stated to not be well-controlled. The physical examination demonstrated diffuse tenderness throughout the lumbar spine and decreased lumbar spine range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes cognitive behavioral therapy, home exercise, the use of a TENS unit, as well as oral and topical medications. A request had been made for a Lidoderm patch, Sertraline, Salon Pas patches, and a Functional Capacity Evaluation and was not certified in the pre-authorization process on August 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The California MTUS Guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Review of the available medical records, fails to document signs or symptoms consistent with neuropathic pain. As such, this request is not medically necessary.

Sertraline 50mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697048.html>

Decision rationale: Sertraline is an anti-depressant medication. A review of the medical records indicates that the injured employee has been diagnosed with major depression. Considering this, this request for Sertraline is medically necessary.

Salon Pas Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

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

Decision rationale: Salon Pas is a transdermal patch consisting of Methyl Salicylate and Menthol. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Salon Pas is not medically necessary.

FCE to evaluate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent medical examinations and consultations, pages 132-139

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation

Decision rationale: According to the Official Disability Guidelines a functional capacity evaluation is indicated for patients who have had prior unsuccessful return to work attempts or

are determined to be close to or at maximum medical improvement. A review of the medical records does not indicate that the injured employee meets these criteria. As such, this request for a Functional Capacity Evaluation is not medically necessary.