

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0014145 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 06/01/1967 |
| Decision Date: | 02/10/2014 | UR Denial Date: | 08/08/2013 |
| Priority: | Standard | Application Received: | 08/21/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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 is a male patient with a date of injury of 6/1/67. A utilization review determination dated 8/8/13 recommends non-certification of Lidoderm. A progress report dated 7/31/13 identifies subjective complaints including low back and left neck/shoulder pain 4-8/10 as well as bilateral knee pain and hip pain. Objective examination findings identify limited mobility with slow gait and stiff movements, low back ROM restricted in all directions, antalgic gait, and reflexes generally hyporeflexic bilaterally. Diagnoses include chronic pain, myofascial pain, and lumbar DJD. Treatment plan recommends Ultram ER and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LIDODERM PATCHES (EXPRESS SCRIPTS) BETWEEN 7/31/2013 AND 11/6/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS Page(s): 56-57,112.

Decision rationale: Regarding the request for Lidoderm, California MTUS cites that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a

trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Within the documentation available for review, there is no documentation of localized peripheral pain and a trial of first-line therapy with tricyclic or SNRI antidepressants or an AED. In the absence of such documentation, the currently requested Lidoderm is not medically necessary.