

Case Number:	CM13-0018623		
Date Assigned:	10/11/2013	Date of Injury:	09/26/2012
Decision Date:	01/28/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/30/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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:

The patient is a 25-year-old male who reported an injury on 09/26/2012. The patient is currently diagnosed with a lumbar spine strain and sprain, rule out discopathy. The patient was recently seen by the requesting doctor on 07/17/2013. Physical examination revealed positive sciatic stretch testing, limited range of motion, positive straight leg raising on the right, and tenderness at the sacroiliac joint. Treatment recommendations included continuation of current medications and authorization request for a pro stim unit.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is indicated for localized peripheral pain after there has

been evidence of a trial of first line therapy with tricyclic or SNRI antidepressants or anticonvulsants such as gabapentin and Lyrica. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continued to report complaints of ongoing low back pain. Physical examination continued to reveal tenderness to palpation, limited range of motion, and positive straight leg raising and sciatic stretch testing. There is also no evidence of a failure to respond to oral antidepressants or anticonvulsants prior to the initiation of a Lidoderm patch. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.