

Case Number:	CM13-0022213		
Date Assigned:	12/18/2013	Date of Injury:	12/12/2001
Decision Date:	04/10/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/09/2013

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 & 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 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:

This is a male patient with the date of injury of December 12, 2001. A utilization review determination dated August 28, 2013 recommends non-certification of Lidoderm 5%. The previous reviewing physician recommended non-certification of Lidoderm 5% due to lack of documentation of a trial of first line therapy. A Follow Up Report dated August 12, 2013 identifies Interim History of ongoing and debilitating pain in his lower back, radiating down to both lower extremities. The patient also complains of pain in his left knee. Objective Findings identify tenderness bilaterally with muscle rigidity noted along the lumbar paraspinal muscles. Pain is reproducible with lumbar facet loading noted along the lumbar spine. Decreased range of motion. Examination of his left knee reveals tenderness to palpation along the medial and lateral joint line. Positive McMurray's test. Assessment identifies lumbar degenerative disc disease, status post IDET/nucleoplasty decompression at L4-5, L4-5 and L5-S1 PLIF, and left medial meniscus tear. Treatment Plan identifies follow up with Orthopedic Spine Surgery, medications were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 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 Page(s): 112.

Decision rationale: Regarding request for Lidoderm 5%, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is radicular pain. However, there is no mention of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. In the absence such documentation, the currently requested Lidoderm 5% is not medically necessary.