

Case Number:	CM13-0037632		
Date Assigned:	12/18/2013	Date of Injury:	01/05/2011
Decision Date:	03/04/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/01/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida and District of Columbia. 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 reported a date of sustained industrial injury on 01/05/11. The treating provider saw the patient in follow up on 09/10/13. The report from the provider is handwritten and difficult to read in parts. The patient complains of severe low back pain and states that she has no leg pain. On examination, a scoliosis is noted. Ranges of motion are decreased. Motor or sensory deficits are absent. The provider indicates the present issue is a "flare" and states the symptoms are easily flared by the patient's job. The provider also indicated "may need to consider surgical intervention since non-surgical care had been denied." In follow up on 07/08/13, the patient presents for evaluation of bilateral shoulder rotator cuff tendinitis, impingement, and AC arthropathy. The patient states she is worse on the left side and the symptoms have progressed to the point where the patient experiences frequent moderate severe pain. The patient is now ready to proceed with surgery. The patient has failed appropriate conservative management including multiple cortisone injections, physical therapy, and anti-inflammatory medications. In the meantime, the patient can continue working without restrictions. A PR-2 dated 08/20/13 confirms the presence of severe spasms in the low back with pain going to the right buttocks rated at 5-6/10. On examination, there is pain with range of motion testing. The provider recommends transforaminal epidural steroid injection at L4-5, physical therapy, pads for a home TENS unit and medications such as tramadol 50-100mg q8h PRN and Lidoderm patches. The patient will return to full duty. A P-R-2 dated 07/30/12 documents complaints of right low back pain rated 7/10. On exam, there is a scoliotic curve and severe right medial joint pain. The provider recommends an orthopedic consult for the bilateral knees, physical therapy, and Tramadol

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57. Decision based on Non-MTUS Citation ODG-TWC Pain Treatment-Topical Analgesics, Lidoderm Patch.

Decision rationale: With respect to Lidoderm patch #30 (Topical lidocaine), the guideline stated that it 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). There is not documentation that this guideline requirement have been met, therefore the request for Lidoderm patch#30 is not medically necessary.