

Case Number:	CM13-0055210		
Date Assigned:	12/30/2013	Date of Injury:	12/04/2012
Decision Date:	04/30/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/20/2013

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 and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 55-year-old female who reported an injury on 12/04/2012 after she fell from a broken chair. The injured worker reportedly sustained an injury to coccyx, lower back and upper back. The injured worker's treatment history included physical therapy, a TENS unit, multiple medications, a home exercise program, and ice and heat applications. The injured worker was evaluated on 10/02/2013. It was documented that the injured worker's pain was being controlled with medications to include a Lidoderm patch. However, the injured worker developed an adverse side effect and discontinued use of that medication. The injured worker was evaluated on 12/13/2013. Physical findings included limited range of motion of the lumbar spine secondary to pain. The injured worker's medications were listed as Prozac, naproxen and Tylenol. The injured worker's diagnoses included sprain/strain of the neck, anxiety, sleep disturbance, and herniated disc of the lumbar spine at the L4-5 level. On 10/31/2014, a request was made for Lidoderm patches. A justification for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE PATCH 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

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

Decision rationale: The requested lidocaine patch 5% is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a trial of Lidoderm patches after an injured worker has failed to respond to oral anticonvulsants. The clinical documentation submitted for review does provide evidence that the injured worker did undergo a trial of Lidoderm patches. It was noted that the injured worker developed an adverse reaction to the medication and it was discontinued. The clinical documentation did not provide justification for continuation of this medication. The clinical documentation did not address how the injured worker's side effects would be managed to support continuing this medication. Additionally, the request as it was submitted did not include a quantity or frequency of treatment. Therefore, the appropriateness of the request itself could not be determined. As such, the requested lidocaine patch 5% is not medically necessary or appropriate.