MAXIMUS Federal Services

Case Number:	CM13-0060919		
Date Assigned:	12/30/2013	Date of Injury:	02/08/2007
Decision Date:	04/10/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/04/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 50-year-old female who reported an injury on 02/08/2007 after a trip and fall. The patient reportedly sustained an injury to her low back. Patient's most recent clinical documentation noted that the patient had ongoing pain complaints of the low back with cramping and spasming. Physical findings included tenderness to palpation and limited range of motion of the lumbar spine with decreased motor strength rated at a 4/5 with a negative straight leg raising test. The patient's diagnoses included degenerative disc disease, myofascial pain, lumbar degenerative disc disease, sciatica, lumbar back pain, arthritis of the back, osteoarthritis of the hand, and hand pain. The patient's treatment plan included continuation of medications to include Lidoderm patches, Lidoderm cream, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCHES #720: 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 California MTUS Chronic Pain Medical Treatment Guidelines does recommend the use of Lidoderm patches in the management of a patient's chronic pain after the patient has failed a trial of oral anticonvulsants. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to a trial of oral anticonvulsants. Additionally, the requested 720 patches does not allow for timely reassessment to establish the efficacy of this type of medication. Additionally, the MTUS guidelines recommends a trial usage of this type of medication. There is no documentation that the patient has undergone a trial of Lidoderm patches that resulted in significant pain relief and functional benefit. The request for Lidoderm 5% patches #720 is not medically necessary and appropriate.

LIDODERM TOPICAL CREAM 1 TUBE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines does not recommend the use of Lidoderm in a topical cream or gel formulation as it is not FDA approved to treat neuropathic pain. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. The request for Lidoderm topical cream 1 tube is not medically necessary and appropriate.