

Case Number:	CM13-0063407		
Date Assigned:	12/30/2013	Date of Injury:	11/23/2007
Decision Date:	09/08/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/10/2013

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 Preventive Medicine 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:

According to the records made available for review, this is a 38-year-old female with an 11/23/07 date of injury. At the time (11/11/13) of the request for authorization for Thermacare and Lidoderm patches, there is documentation of subjective findings of increased symptoms lumbar spine since last office visit and objective findings of lumbar spine tender, spasm, and decreased range of motion. The current diagnoses are lumbar sprain and strain and neck sprain and strain and treatment to date is medication. Regarding Thermacare, there is no documentation of acute pain. Regarding Lidoderm patches, there is no documentation of neuropathic pain and evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERMACARE AND LIDODERM PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Cold/heat packs.

Decision rationale: Regarding Thermacare, California MTUS reference to ACOEM guidelines identifies at-home applications of local heat or cold to the low back as an optional clinical measure for evaluation and management of low back complaints. ODG identifies cold/heat packs are recommended as an option for acute pain. ODG additionally identifies at-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. Regarding Lidoderm patches, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a Lidocaine patch. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain and strain and neck sprain and strain. However, there is no documentation of acute pain. In addition, there is no documentation of neuropathic pain and evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Thermacare and Lidoderm patches is not medically necessary.