

Case Number:	CM13-0063475		
Date Assigned:	12/30/2013	Date of Injury:	09/22/2003
Decision Date:	04/01/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 is a 55-year-old female who reported an injury on 09/22/2003, secondary to a fall. The patient is currently diagnosed with low back and left lower extremity pain, status post L4-5 anteroposterior fusion, depression, history of deep vein thrombosis, and bilateral greater trochanteric bursitis. The patient's most recent evaluation documented that the patient reported ongoing lower back and left lower extremity pain. A physical examination revealed decreased lumbar range of motion, tenderness to palpation, decreased sensation in the left L5-S1 dermatome, and weakness. The patient's medication schedule included a Duragesic patch, Opana, Skelaxin, Zoloft, Lidoderm patches, Trazodone, and Wellbutrin. The patient was regularly monitored for aberrant behavior with urine drug screens. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Lidoderm 5% patch: 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): 111.

Decision rationale: The clinical documentation submitted for review indicates that the patient had a 50% pain reduction with medication usage and the ability to participate in activities of daily living. It is also noted that the patient failed to respond to a trial of Neurontin, Lyrica, and Cymbalta for neuropathic pain. The Chronic Pain Guidelines recommend the use of Lidoderm patches when the patient has failed to respond to oral anticonvulsants and antidepressants. Also, continued use of this medication should be supported by documentation of pain relief and functional benefit. The clinical documentation submitted for review indicates that the patient has pain relief and functional benefit from this medication. However, the request as it is written does not clearly identify the intended duration and frequency of this medication. Therefore, safety and appropriateness cannot clearly be determined. As such, the request is not medically necessary or appropriate.