

Case Number:	CM13-0068235		
Date Assigned:	01/03/2014	Date of Injury:	07/04/2005
Decision Date:	06/04/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/19/2013

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 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:

The injured worker is a 54-year-old male who sustained an unspecified injury on 07/07/2005. The injured worker was revealed on 11/07/2013. The physical examination noted the injured worker to have minimal paraspinal muscle spasms to the lower lumbar spine and SI joint tenderness to the right side. Physical examination noted mild right greater trochanteric bursal tenderness and a negative straight leg rise bilaterally to the lower extremities. The injured worker's manual muscle testing was noted as 5/5 to the bilateral lower extremities. The injured worker was noted to have significant fear avoidance and guarding during the examination. The injured worker's medications were noted as Prozac 16 mg, Nexium 40 mg, and Toviaz 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCANE 5%, #30 FOR THIRTY (30) DAYS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of Lidoderm patches for localized peripheral pain after there has been evidence of a trial of a first line therapy.

The documentation submitted for review indicated the patient had been tried on a first line therapy; however, the documentation submitted for review did not indicate the injured worker's pain level upon assessment. The documentation had a physical examination which noted the injured worker to have minimal paraspinal muscle spasms indicating the injured worker's pain was musculoskeletal in nature. Therefore, the use of a Lidoderm patch is not supported. Given the information submitted for review, the request for Lidocaine 5%, #30 for 30 days is not medically necessary and appropriate.