

Case Number:	CM13-0068656		
Date Assigned:	01/03/2014	Date of Injury:	02/26/2013
Decision Date:	09/17/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/19/2013

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 Occupational and 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:

Patient is a 66 year-old male with date of injury 02/26/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/17/2013, lists subjective complaints as increased pain in the thoracic spine and lumbar spine. Objective findings: Examination of the lumbar spine revealed decreased range of motion in all planes due to pain. No formal examination was conducted. Diagnosis: 1. Assault w/post concussive head syndrome 2. R/O cervical discopathy 3. Multilevel disc disease with disc protrusion lumbar 4. R/O radiculopathy, cervical 5. R/O radiculopathy, lumbar 6. Cervical muscle spasm 7. Musculoligamentous injury lumbosacral 8. Musculoligamentous injury, cervical. The medical records provided for review document that the patient has been taking the following medication for at least as far back as 10/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF TRANSDERMAN ANALGESIC OINTMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

Decision rationale: A transdermal analgesic patch contains Lidocaine. The MTUS recommends Lidocaine patches only for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Lidocaine is currently not recommended for a non-neuropathic pain. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The medical record does not indicate that the patient has neuropathic pain.