

Case Number:	CM13-0072033		
Date Assigned:	05/16/2014	Date of Injury:	03/13/2007
Decision Date:	06/12/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/30/2013

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 California, Tennessee, and Virginia. 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 38 year-old female who is reported to have sustained work related injuries on 03/13/07. It is reported that on the date of injury that she attempted to lift and move a 55 gallon drum that was half filled with wood chips resulting in the development of low back pain. Imaging studies indicated the presence of spondylolisthesis of L4/5 and L5/S1. She has been treated with oral medications, physical therapy, and been recommended to participate in a functional restoration program. It is opined that she is not a surgical candidate. Most recent physical examination dated 05/06/14 reports lumbar spasms, slight swelling, numb sensation in both feet, and positive straight leg raising on the left. A request for Lidoderm Patch 5% # 60 was non-certified under utilization review on 12/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH, # 60 (1X3): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The request for Lidoderm 5% patch # 60 is not supported as medically necessary. Per California Medical Treatment Utilization Schedule topical Lidocaine may be recommended 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The records as provided do not indicate a previous trial of a first line therapy. Further the records do not quantify the injured worker's response to this medication. As such, the injured worker does not meet criteria per the California Medical Treatment Utilization Schedule treatment recommendations.