

Case Number:	CM14-0000328		
Date Assigned:	01/10/2014	Date of Injury:	06/22/2005
Decision Date:	06/05/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 49 year old female with a reported injury date on 06/22/2005; the mechanism of injury was not provided. The clinical note date 11/25/2013 noted that the injured worker had complaints of pain in the lumbar spine that radiated down the right lower extremity that was rated at 3/10 with medications and 7/10 without. Objective findings included tenderness to palpation over the lumbar spine and severely limited range of motion measured at 40 degrees flexion. Additional findings included positive sitting straight leg raise to the right lower extremity with a neurovascular status that was intact bilaterally. It was noted that the Lidoderm patches were to be applied to the lumbar spine for pain control. The request for authorization for Lidoderm patches 5% #14 was submitted on 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5%, #14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM PATCHES Page(s): 111-113.

Decision rationale: The California MTUS guidelines state that Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (such as gabapentin or Lyrica). In this case, it was noted that the injured worker had complaints of pain in the lumbar spine that radiated down the right lower extremity that was rated at 3/10 with medications and 7/10 without. Objective findings included tenderness to palpation over the lumbar spine and severely limited range of motion measured at 40 degrees flexion. Additional findings included positive sitting straight leg raise to the right lower extremity with a neurovascular status that was intact bilaterally. It was noted that the Lidoderm patches were to be prescribed for application to the lumbar spine for pain control. Based on the documentation provided the medical necessity for the use of Lidoderm has not been established. There was no quantifiable evidence that the injured worker had failed prior first-line therapy. Additionally, it was noted that the patches were to be placed on the lumbar back which is not the recommended scope for use. The request for Lidoderm patches 5% #14 is not medically necessary and appropriate.