MAXIMUS Federal Services

Case Number:	CM14-0001865		
Date Assigned:	01/22/2014	Date of Injury:	12/18/2003
Decision Date:	06/11/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/06/2014

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 Occupational 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:

The claimant was injured on 12/18/03. He injured his low back and has been diagnosed with lumbosacral disc degeneration and psychiatric problems. He saw a nurse practitioner on 01/03/13 and was doing home exercises. He was also using TENS and was given medication. He had low back pain at level 9/10 radiating to both legs with tenderness. He had back and left hip pain. He has been treated for posttraumatic OBS and psychotic affective disorder. He was given the same medications on 01/29/13 and 02/05/13. On 03/11/13, he saw a nurse practitioner for low back pain and was using Menthoderm and Lidoderm patches. His pain was decreased by 50%. He was given refills of Lidoderm patches and was encouraged to exercise. On 05/08/13, he saw [redacted] and was given refills of Lidoderm and was given Tylenol versus Naproxen. He had discontinued Naproxen due to a possible cardiac issue. He stated that Lidoderm helped to control the pain and the Menthoderm also helped. On 06/10/13, he was given a refill of Lidoderm patches and was to continue Omeprazole. He was given samples of Tylenol. There were no side effects of medication use. He continued the same medications on 09/11/13. A note by [redacted] dated 10/08/13 indicated he was tolerating his medications well. Lidoderm patches had not been authorized. On 11/05/13, the patient was prescribed Menthoderm and was to continue Lidoderm and TENS. He continued the same medications on 12/12/13. On 01/14/14, his topical pain cream was increased and he continued Lidoderm. He complained of increased pain due to cold temperatures. His care was transferred to another provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: LIDODERM 5%, #90, 10/8/2013: 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): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines indicate Topical Analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is no evidence of failure of all other first line drugs. The medical documentation provided for review does not establish the need for long-term/chronic usage of Lidoderm, which the MTUS Chronic Pain Guidelines advise against. Additionally, the medical records provided for review do not provide objective findings of functional benefit from the use of this medication. In this case, the claimant's pattern of use of medications, including other first line drugs such as acetaminophen and Lidoderm vs. Menthoderm and his response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Lidoderm patches 5% #90 is not medically necessary and appropriate.