

Case Number:	CM14-0006901		
Date Assigned:	02/07/2014	Date of Injury:	12/08/1998
Decision Date:	07/11/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/17/2014

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 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 patient is a 68 year-old male who has filed a claim for lumbar radiculopathy associated with an industrial injury date of December 08, 1998. Review of progress notes indicates flaring up of the back pain while golfing. Back pain occasionally radiates to the lower extremities and to the groin. Findings include decreased cervical range of motion, and pain upon lateral bending of the lumbar spine. Treatment to date has included NSAIDs, opioids, Soma, Lyrica, Flector patches, and Lidoderm patches. Utilization review from December 31, 2013 denied the requests for Lidoderm patches as there is no documentation of failure of first-line medications. There is modified certification for re-evaluation on 01/30/14 as necessity for medications refill has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: As stated on pages 56-57 in the CA MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED such as gabapentin or Lyrica). In this case, the patient seems to have a mild pain condition as there are minimal subjective and objective findings. Patient is currently on a regimen of pain medications, including Lyrica. Patient complains of occasional flaring up of the low back pain, especially with activities. Lidoderm patches may be useful in these cases, however the requested quantity is not specified. Therefore, the request for Lidoderm patches was not medically necessary.

RE-EVALUATION ON 01.30.2014 AND MEDICATION REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the request does not indicate the clinic where patient will be having re-evaluation, as patient has been following up for internal medicine and pain complaints separately. Also, continued use of medications is dependent upon continued benefits. Therefore, the request for re-evaluation on 01/30/14 and medication refill was not medically necessary.