MAXIMUS Federal Services

Case Number:	CM14-0007645		
Date Assigned:	02/10/2014	Date of Injury:	09/06/2011
Decision Date:	06/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 60-year-old female who has submitted a claim for lumbar facet syndrome associated with an industrial injury date of September 6, 2011. Medical records from 2012-2013 were reviewed which showed persistent complaints of pain and muscle spasm in thoracic area, There was difficulty with lifting, pushing, twisting and bending. Physical examination showed tenderness and guarded motion in thoracic spine. Thoracic ROM was 60 degrees in flexion and 20 degrees in right rotation. MMT was normal. Straight leg raise and femoral stretch tests were negative bilaterally. MRI of lumbar spine done on 12/28/11 showed degenerative changes, L3-L4 mild bilateral foraminal narrowing, L4-5 grade I, 4mm anterolisthesis with severe facet arthrosis, moderate canal stenosis, moderate bilateral lateral recess, narrowing and mild bilateral foraminal narrowing, L5-S1 severe right facet arthrosis with a small disc bulge, resulting in mild right foraminal narrowing. Treatment to date has included, lumbar facet injection, physical therapy and home exercise program. Medication taken include Acetaminophen/Tramadol HCL. Utilization review from 12/20/13 denied the request for Lidoderm Patch #60. Reason for denial was not mentioned in the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH #60 APPLY 2 PATCHES AS DIRECTED BY DOCTOR DAILY FOR 12 HOURS: 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: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm is 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). In this case, patient's medical record did not document if she failed the first line medications such as Gabapentin, Lyrica or an antidepressant. The only medication taken as mentioned in the records is Acetaminophen/Tramadol HCL. In addition, patient's presentation is not consistent with neuropathic pain. Guidelines have not been met. Therefore, the request for Lidoderm Patch #60 Apply 2 Patches as Directed by Doctor Daily For 12 Hours is not medically necessary.