

Case Number:	CM14-0008340		
Date Assigned:	02/12/2014	Date of Injury:	04/06/2009
Decision Date:	07/11/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/22/2014

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 patient is a 82-year-old male who has submitted a claim for disc disease, lumbar, lumbosacral neuritis, and disorder of the coccyx associated with an industrial injury date of April 6, 2009. Medical records from 2013 were reviewed, which revealed persistent low back pain rated 6-7/10 which radiated to his buttocks and coccyx with occasional numbness to both legs. Pain medications provided moderate relief. He can only walk with a cane or crutches. Sitting and standing were limited for 10 minutes due to pain. His social life was restricted. Physical examination showed tenderness to both legs. Straight leg raise test was positive. An electrodiagnostic report done on 10/2/13 showed severe left upper lumbar nerve, bilateral lateral femoral cutaneous nerve, left saphenous nerve, left peroneal nerve, left sural nerve and right posterior femoral nerve. Treatment to date has included intake of medications, namely Norco 10/325mg and Naproxen 500 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 LIDODERM PATCHES BETWEEN 1/8/2014 AND 2/23/2014: Upheld

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

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

Decision rationale: As stated on pages 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patches are 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, the patient's medical records revealed that his pain was neuropathic in nature. However, documents did not mention if he had a trial of first-line therapy. As such, the request is not medically necessary.

1 L/S SUPPORT FROM VQ ORTHO BETWEEN 1/8/2014 AND 2/23/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: As stated on page 308 of the ACOEM guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the patient's date of injury was over five years ago. The lumbar support request as part of the conservative treatment regimen is outside the initial acute phase of injury and not supported by the guidelines. As such, the request is not medically necessary.