MAXIMUS Federal Services

Case Number:	CM14-0101608		
Date Assigned:	09/16/2014	Date of Injury:	04/09/2008
Decision Date:	10/23/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old female who reported an injury on 04/09/2008. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical pain, lumbar radiculopathy, spinal/lumbar disc disease, low back pain, sprain of the lumbar region. The previous treatments included cervical facet nerve block, cervical medial branch block, medication, physical therapy, TENS unit. Within the clinical note dated 08/04/2014, it was reported the injured worker complained of neck pain radiating from the neck down both arms. She rated her pain 8/10 in severity. Upon the physical examination the patient provider noted the range of motion was restricted with flexion at 40 degrees, extension at 40 degrees and limited by pain. The paravertebral muscles had tight muscle bands. The lumbar spine range of motion was restricted with flexion at 70 degrees and extension at 10 degrees. There was tenderness to palpation of the paravertebral muscles on both sides. The provider requested Lidoderm patch. However, a rationale was not submitted for clinical review. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch 700mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Lidoderm 5% patch 700 mg #30 is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The guidelines note Lidoderm is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the treatment site and the frequency of the medication. Additionally, there is lack of documentation indicating the injured worker had tried and failed antidepressants and anticonvulsants. Therefore, the request is not medically necessary.