

Case Number:	CM14-0101693		
Date Assigned:	07/02/2014	Date of Injury:	06/09/2000
Decision Date:	08/01/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/15/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 45-year-old man who sustained a work-related injury on June 9, 2000. Subsequently he developed severe back pain. According to a medical report dated on February 12, 2014, the patient have back pain with poor sleep. His medications improved his pain and Wellbutrin improved his mood. He also reported that Zanaflex improved his spasm. medication was working fine. On physical examination, the patient had paraspinal muscles spasm and tenderness with decreased range of motion in his thoracolumbar area. He had tenderness and facet loading positive on the right side. He had trigger points in multiple muscles. Paraspinal tenderness was noted in the thoracic and lumbar area. The patient was diagnosed with thoracic disc degeneration and muscle spasm. The provider requested authorization for Lidodem Patch 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lidodem Patch 5% #30 refill x1 for lumbar spine pain as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. 2006, Physician's Desk Reference 68th ed., Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, Epocrates Online, Monthly Prescribing Reference, Opioid Dose Calculator, Agency Medical Directors' Group Dose Calculator.

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

Decision rationale: According to the California MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. According to the patient file, there is no documentation of failure of first line therapies or functional improvement with previous use of Lidoderm 5%. There is no evidence of neuropathic origin of the patient pain. The patient reported that his medications are working well. Therefore, the prescription of Lidoderm patch is not medically necessary.