

Case Number:	CM14-0101760		
Date Assigned:	09/16/2014	Date of Injury:	10/30/2001
Decision Date:	10/22/2014	UR Denial Date:	05/27/2014
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 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 injured worker is a 49-year-old female who was reportedly injured on October 30, 2001. The most recent progress note dated April 18, 2014. The record indicates that there are ongoing complaints of low back pain radiating to the lower extremities on the right greater than left side. Current medications include Avinza, Lidoderm patches, Norco, soma, Xanax, and Zoloft. The physical examination demonstrated an antalgic gait and decreased range of motion of the lumbar spine and extension. Recent diagnostic imaging studies were not available for review. Previous treatment includes lumbar spine surgeries, oral and topical medications, and the use of a back brace. A request was made for Lidoderm 5% patches and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5%, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

Decision rationale: The California MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the most recent progress note dated April 18, 2014, the injured employee does not have any findings of a neuropathy on physical examination. Additionally there is already a prescription of Zoloft, a first-line agent. Considering this, the request for Lidoderm 5% patches is not medically necessary.