

Case Number:	CM14-0105969		
Date Assigned:	07/30/2014	Date of Injury:	05/05/2009
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/09/2014

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 71-year-old male who reported an injury on 05/05/2009, after removing heavy material off a trailer. The injured worker reportedly sustained an injury to his low back. The injured worker's chest pain was managed with multiple medications. The injured worker was evaluated on 06/04/2014. It was documented that the injured worker had persistent low back pain radiating into the right lower extremity. Objective findings included limited range of motion of the lumbar spine secondary to pain. The injured worker's diagnoses included axial low back pain due to bilateral L3-4 and L4-5 facet arthropathy, reactionary depression and insomnia, and a hernia condition. The injured worker's medications included Lidoderm patches and tramadol extended release. A request was made for a refill of medications. The injured worker was again evaluated on 07/08/2014. It was noted that the injured worker's medications had received a non-authorization. It was noted that the injured worker had benefitted from the use of Lidoderm patches for topical use and pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule does not recommend a Lidoderm patch as a first line medication in the management of chronic pain. The clinical documentation submitted for review fails to provide any evidence that the injured worker is not responsive to oral anti-epileptics and requires topical medication in the form of a Lidoderm patch. Additionally, the clinical documentation submitted for review does not provide a quantitative assessment of pain control or functional benefit resulting from the use of medications. Therefore, ongoing use would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Lidoderm patch 5% #30 is not medically necessary or appropriate.