

Case Number:	CM14-0106048		
Date Assigned:	09/16/2014	Date of Injury:	09/11/2009
Decision Date:	10/16/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/07/2014

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 36-year-old female who reported an injury on 09/11/2009. The mechanism of injury was a slip and fall. The diagnoses included lumbar sprain/contusion, multilevel lumbar degenerative disc disease, severe medication induced gastritis, herniated nucleus pulposus at L4-5, and lumbar radiculopathy right sided. Previous treatments included medication and epidural steroid injections. Within the clinical note dated 11/04/2013, it was reported the injured worker complained of low back pain and bilateral lower extremity symptoms. She rated her pain 7/10 in severity. The injured worker described the pain as numbness, tingling, burning of the left knee. Upon the physical examination, the provider noted the injured worker had diffuse tenderness in her lumbar spine. The lumbar spine range of motion was decreased in all ranges. The injured worker had a positive facet challenge in the lumbar spine on the right side. The request submitted is for 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 Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): Page: 112.

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

Decision rationale: The request for Lidoderm Patch 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. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Additionally, the injured worker has been utilizing the medication since at least 11/2013, which exceeds the guidelines recommendations of short term use. Therefore, the request is not medically necessary.