

Case Number:	CM14-0010470		
Date Assigned:	02/21/2014	Date of Injury:	08/18/2012
Decision Date:	06/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 Family 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 patient is a 48 year old female claimant who sustained a work injury on 8/8/12 involving the low back. Her diagnosis includes Lumbar radicular syndrome and myofascial pain. Her pain was managed with Norco and Ibuprofen and Cyclobenzaprine. She had also undergone physical therapy and epidural steroid injections. An exam report on 1/21/14 indicated the claimant had continued back pain with numbness in the feet. Objective findings included reduced range of motion of the back with muscle spasms. The claimant was instructed to do home exercises, await authorization for lumbar facet joint injections and use Celebrex. A subsequent request was made for Lidoderm 5% to be applied for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5%: Upheld

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

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

Decision rationale: The guidelines indicate that Lidoderm is recommended for the treatment of neuropathic pain or osteoarthritis of the spine, when first line therapies have been tried and

failed. In this case, the claimant does not have neuropathic pain or osteoarthritis of the spine. It is not recommended for non-neuropathic pain. The length of treatment is also not specified. Lidocaine 5% is not medically necessary.