

Case Number:	CM14-0014403		
Date Assigned:	02/28/2014	Date of Injury:	05/26/2013
Decision Date:	06/27/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 Management, and is licensed to practice in Minnesota. 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 55-year-old who reported an injury on May 26, 2013, the mechanism of injury was not provided. The clinical note dated February 7, 2014 noted the injured worker presented with chronic low back pain and a history of migraines. Upon exam, there was tenderness upon palpation to the lower back. The injured worker was diagnosed with acute exacerbation of chronic low back pain. The treatment plan included continued use of ibuprofen 600 mg every 6 hours as needed for pain and methocarbamol 1 tablet by mouth 4 times a day. Prior treatment measures included Vicodin and Norco as needed for pain. The provider's rationale was not included in the medical documents. The request for authorization was dated December 9, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: LIDODERM PATCH: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocain patch) Page(s): 56.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends topical lidocaine for localized peripheral pain after there has been evidence of a trial of a first line therapy (tri-cyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] anti-depressants or an AED [anti-epileptic drug] such as gabapentin or Lyrica). This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Formulations that do not involve a dermal patch system are generally indicated as local anesthetic and antipyretics. The included medical documents lack evidence of a trial of a first line therapy being ineffective to decrease the injured worker's pain and the efficacy of the medication was not provided. The provider's request did not include the dose and quantity. The providers rationale was no included in the medical documents. The request for a Lidoderm patch is not medically necessary or appropriate.