

Case Number:	CM14-0014734		
Date Assigned:	02/28/2014	Date of Injury:	03/21/2012
Decision Date:	06/27/2014	UR Denial Date:	02/04/2014
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 Family Medicine and is licensed to practice in Utah. 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 44 year-old male. The patient's date of injury is May 21, 2012. The mechanism of injury was walking with another patient who fell, causing a fall of this patient. The patient has been diagnosed with lumbar and sacral strain, myofasciitis. The patient's treatments have included physical therapy, medications, and imaging studies. The physical exam findings show that the patient has scoliosis. The patient was noted with a positive straight leg raise. There was tenderness noted in the L spine and SI joints. Medications include, but are not limited to, Flexeril, Ibuprofen, Lidoderm patches, Cymbalta and Tylenol. The request is for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5% #60: Overturned

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

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

Decision rationale: MTUS guidelines state that Lidocaine may be used for peripheral pain, after there has been a trial of first-line therapy (such as tri-cyclic or SNRI antidepressants or AED

such as Gabapentin or Lyrica) Topical Lidocaine in the form of a patch has been designated for orphan status by the FDA for neuropathic pain. According to the clinical documentation provided and current MTUS guidelines; First line medications were used previously to the Lidoderm patches. Therefore, Lidoderm Patch is medical necessary.