

Case Number:	CM14-0015226		
Date Assigned:	02/28/2014	Date of Injury:	02/09/2011
Decision Date:	06/27/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 & Rehabilitation 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:

This 45 year-old male [REDACTED] sustained a low back injury on February 9, 2011 from walking and wearing a heavy duty belt while employed by [REDACTED], [REDACTED]. An MRI of the lumbar spine dated April 22, 2011 showed grade I anterolisthesis of L5 over S1 with 3 mm disc bulge resulting in neural foraminal and lateral recess stenosis. There is no surgical history noted. Report of November 20, 2013 from the provider noted diagnoses include Sciatica; Low back pain; and right L5,S1 radiculopathy. Medications list Celebrex, Enalapril Maleate; Tramadol. There was no clinical exam documented. Report of October 21, 2013 from the provider has unchanged symptoms complaints of low back pain without any clinical exam noted. Medications were refilled. The request for Lidoderm Patches was non-certified on January 28, 2014 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5% QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, TOPICAL ANALGESICS, 112

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL MEDICATIONS, 111-113

Decision rationale: The patient exhibits diffuse radicular pain symptoms without any clear identified neurological deficits. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The request is not medically necessary.