

<b>Case Number:</b>	CM14-0017421		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	01/29/2002
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 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 53-year-old female who reported an injury on 01/29/2002. The mechanism of injury was not provided. Current diagnoses include post lumbar laminectomy syndrome, cervical facet arthropathy, lumbar radiculopathy, left radial neuralgia, myofascial spasm, general deconditioning, and degenerative joint disease in the right knee. The injured worker was evaluated on 01/30/2014. The injured worker reported persistent pain in the lower back, as well as right knee. Physical examination revealed tenderness to palpation with myofascial spasm in the lumbar spine. Current medications include Norco, diclofenac, Omeprazole, and Lyrica. Treatment recommendations at that time included a urine drug screen and a prescription for Lidoderm 5% patch for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION FOR LIDODERM 5% PATCHES: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first line therapy. There is no documentation of a failure to respond to a trial of first line therapy with antidepressants or anticonvulsants. There is also no frequency or quantity listed in the current request. Therefore, the request is non-certified.

**1 URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 AND 89. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN CHAPTER, URINE DRUG TESTING.

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use of presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there is no indication of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity for repeat testing has not been established. As such, the request is non-certified.