

Case Number:	CM14-0017695		
Date Assigned:	04/16/2014	Date of Injury:	08/09/2000
Decision Date:	06/02/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 65 year old female who was injured on 08/09/2000. The mechanism of injury is unknown. She sustained an injury to her low back. Prior treatment history has included oxycodone 10 mg, Lexapro 10 mg, Soma 350 mg, Norco 10 mg-325, Lidoderm patches, and Restoril. The patient's medications as of 01/14/2014 include: (VAS 4/10 with medications), Oxycodone 10 mg, Lexapro 10 mg, Soma 350 mg, Norco 10 mg-325, Lidoderm patches, Restoril. The patient's medications as of 02/12/2014 include: (VAS 8/10 with medications) Oxycodone 10 mg, Lexapro 10 mg, Soma 350 mg, Norco 10 mg-325, Lidoderm patches, and Restoril. PR2 dated 02/12/2014 states the patient continues to have low back pain, buttock and radiation of pain to her left leg. She is doing well using current pain medication having no sedation or side effects and able to be active. She presented with back pain that is constant and achy in nature. On exam, the patient complains of stiffness, arthralgia, back pain, joint complaints, muscle weakness and myalgias. The patient complains of depression but denied anxiety. The lumbar spine reveals pain on palpation at the midline and painful paraspinal area; sacroiliac palpation; Patrick's test, piriformis tender; sacroiliac joint compression test, SI joint pain, SI joint tenderness, left trochanteric bursa tenderness and right trochanteric bursa tenderness. There is tenderness at the left paralumbar and tender right paralumbar. Overall, there is no dislocation, subluxation, or laxity. Bilateral lower extremities show a normal appearance and normal on palpation; stability of the lower extremity and overall, knees, ankles, and feet are stable. Diagnoses are lumbago, low back pain and SI joint dysfunction. The treatment plan is to have the patient continue with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES #90 WITH 4 REFILLS: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further guidelines indicate topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). In this case, this patient continues to have lower back pain radiating to her left leg. She has been prescribed Lexapro (SSRI); however, there is no documentation of trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Thus, the medical necessity has not been established and the request for Lidoderm patches #90 with 4 refills is not medically necessary.