

Case Number:	CM14-0018414		
Date Assigned:	05/09/2014	Date of Injury:	09/30/2002
Decision Date:	07/09/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/13/2014

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 Practice and is licensed to practice in Texas. 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 73-year-old female who reported an injury on 09/30/2002 secondary to slip and fall. The injured worker was evaluated on 12/24/2013 for low back pain and pain in the outer aspect of the right thigh. The injured worker did have a prior sacroiliac joint injection and reported 30% improvement on the right and 75% improvement on the left. The injured worker rated her pain at 6//10 at worst. The exam noted tenderness to the SI joint bilaterally and to the greater trochanter area on the right. The exam of the extremities and musculoskeletal system was unremarkable otherwise. Diagnoses include chronic pain syndrome, sacroilitis, postlaminectomy syndrome, and other bursitis disorders. The treatment plan included medication therapy and a possible bursa injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5%, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

Decision rationale: The California MTUS Guidelines may recommend Lidoderm for localized peripheral pain after there has been evidence of trial of first line therapy. There is a significant lack of clinical evidence of peripheral pain in the documentation provided. Furthermore, there is a significant lack of evidence of the efficacy of this medication. Therefore, based on the documentation provided, the request is not medically necessary.