

Case Number:	CM14-0019739		
Date Assigned:	04/28/2014	Date of Injury:	02/14/2001
Decision Date:	07/08/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/18/2014

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 Mississippi and 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 02/14/2001. On 12/02/2013 injured worker has a follow up visit with [REDACTED]. The injured worker was noted to be status post PSF, L3-5, with TLIF, L4-5 and bilateral laminoforaminotomy, L2-3 and L3-4. The physical evaluation findings were a steady gait and posture, decreased range of motion of the lumbar spine, tenderness of the paraspinals on palpation and negative straight leg raise bilaterally. The injured worker was encouraged to continue daily exercise, and given a prescription for Norco and Lidoderm patches. The State of California Division of Workers Compensation Request for Authorization for Medical Treatment was dated 01/08/2014 and submitted with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LIDODERM 5%, #2 BOXES WITH 2 REFILLS: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. There is a lack of objective evidence of peripheral pain. The most recent clinical note does not address a level of pain or degree of range of motion deficits related to pain. In addition, there is a lack of documentation of failure of first-line therapy with Lyrica or gabapentin. Therefore, the request is not medically necessary and appropriate.