

Case Number:	CM14-0120957		
Date Assigned:	08/06/2014	Date of Injury:	01/01/2004
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/31/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 54-year-old male who reported an injury on 01/01/2004. The mechanism of injury was not stated. Current diagnoses include low back pain, herniated nucleus pulposus, sciatica, bulging disc, spinal stenosis, thoracic spine pain, thoracic degenerative disc disease, and thoracic spondylosis. The injured worker was evaluated on 07/18/2014. It is noted that the injured worker was pending authorization for acupuncture treatment. The injured worker reported persistent lower back pain with radiation into the bilateral lower extremities. Physical examination revealed tenderness to palpation, positive lumbar facet provocative maneuvers bilaterally, tenderness over the lumbar facet joints at L4 through S1, limited lumbar range of motion, diminished reflexes in the bilateral lower extremities, decreased sensation over L4-5 and L5-S1 dermatomes, and diminished strength in the bilateral lower extremities. It is noted that the injured worker underwent an MRI of the thoracic spine on 09/12/2012 and an MRI of the lumbar spine on 08/30/2012. Previous conservative treatment includes physical therapy, oral medication, and home exercise. Treatment recommendations at that time included physical therapy, topical compounded creams, and a lumbar epidural injection. There was no DWC form RFA submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patch 5% #60 with (1) Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain (compound drugs).

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

Decision rationale: The California MTUS Guidelines state lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. As per the documentation submitted, there is no mention of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the request. As such, the request is not medically necessary.

Mariner's Neuropathic Pain Cream with (1) Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain (compound drugs).

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no strength, frequency or quantity listed in the request. As such, the request is not medically necessary.