MAXIMUS Federal Services

Case Number:	CM14-0127896		
Date Assigned:	08/15/2014	Date of Injury:	10/28/2010
Decision Date:	09/18/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/12/2014

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 Nevada. 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 records presented for review, indicate that this 54-year-old female was reportedly injured on 10/28/2010. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated 6/26/2014, indicated that there were ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine decreased range of motion, muscle strength 5/5 bilateral lower extremities, normal gait, and sensation intact bilateral lower extremities but diminished in both L5 dermatomes. Diagnostic imaging studies included x-rays of the lumbar spine, dated 5/22/2014, which revealed most likely solid fusion at L4-L5 and L5-S1 with stable instrumentation. Previous treatment included medications and conservative treatment. A request had been made for Lidoderm patches and was not certified in the pre-authorization process on 7/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 OF 127.

Decision rationale: MTUS guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Review, of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request is not medically necessary.