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| Case Number: | CM14-0138220 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 05/03/2000 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 08/22/2014 |
| Priority: | Standard | Application Received: | 08/26/2014 |

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 Occupational Medicine, and is licensed to practice 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:

One Patient is a 68 year-old female with date of injury 05/03/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/12/2014, lists subjective complaints as pain in the low back. PR-2 was handwritten and illegible. Objective findings: Examination of the lumbar spine revealed tenderness to palpation and spasm. Diagnosis: 1. Lumbosacral spinal stenosis, chronic with multiple levels of disc pathology 2. Chronic pain syndrome 3. Severe episodes of unconsciousness. The medical records supplied for review document that the patient had not been prescribed the following medication before the request for authorization on 08/12/2014. Medications: 1. Lidoderm Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Unknown Prescription of Lidoderm Patches: Upheld

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

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

Decision rationale: According to the MTUS, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (Tri-Cyclic or SNRI

anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy or suffers from post herpetic neuralgia. A letter term patches are not medically necessary.

2. 1 Lumbar Orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient is in the chronic phase of his injury. A back brace is not medically necessary.