

Case Number:	CM14-0138561		
Date Assigned:	09/05/2014	Date of Injury:	02/08/2006
Decision Date:	10/24/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/27/2014

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 Pain Management and is licensed to practice in 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:

The injured worker is a 53 year old female with a date of injury on February 28, 2006. She injured herself while working as a courier. The mechanism of the injury was not specified. She was diagnosed with chronic lumbosacral spondylosis and chronic sacroiliitis. In a most recent office visit note dated July 23, 2014 it was indicated that the injured worker complained of low back pain. Objective findings to the lumbar spine included tenderness and moderately reduced range of motion. Deep tendon reflexes were normal. She was advised to continue with her current medication regimen which included Oxycontin, oxycodone, and Lidoderm patch 5%. This is a review of the requested Lidoderm patch 5%, #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidoderm patch 5%, qty 15, DOS 07/23/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics

Decision rationale: The request for the lidocaine 5% patch #15 is not medically necessary at this time. The medical records failed to establish the necessity of this medication. Topical formulation of this medication is indicated primarily for neuropathic pain, which the injured worker has not manifested, based on the reviewed medical records. There is lack of documentation that the claimant has tried first line therapy for neuropathic pain. In addition, objective findings only showed tenderness over the lumbar spine and moderately reduced range of motion as signs of "radiculopathy". There were otherwise normal neurologic findings with muscle strength and reflexes within normal limits and negative orthopedic tests. Hence, the request for lidocaine 5% /patch #15 is not medically necessary at this time.