MAXIMUS Federal Services

Case Number:	CM14-0152823		
Date Assigned:	09/23/2014	Date of Injury:	09/07/2010
Decision Date:	10/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/18/2014

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 Medicine and is licensed to practice in North Carolina. 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 patient is a 37-year-old with a reported date of injury of 09/07/2010. The patient has the diagnoses of chronic lumbar back pain, chronic bilateral lower extremity radiculitis and chronic plantar fasciitis. Previous MRI form 06/16/2008 had shown L4/5 broad based disc bulge with a left annular tear and an L5/S1 broad based disc bulge with mild neuroforaminal narrowing. Per the most recent progress notes provided by the primary treating physician dated 08/07/2014, the patient had complaints of low back pain, pain in both feet, pain in both wrists and numbness and tingling in both hands. The physical exam noted bilateral wrist tenderness, paralumbar tenderness with spasm, left sacroiliac tenderness and bilateral calcaneal tenderness. The treatment plan recommendations included continuation of medications and a request for orthopedic consult for the wrist pain and upper extremity EMGs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: The patient does have a diagnosis of neuropathic pain in the form of bilateral lower extremity radiculitis. However, the progress notes provided for review do not establish the failure or trail of first line agents for the treatment of neuropathic pain as defined by the California MTUS including AEDs or antidepressants. In this absence of trial of fist line agents, the criteria set forth above for the use of the requested medication has not been met. Therefore the request is not medically necessary.