

Case Number:	CM14-0155244		
Date Assigned:	09/25/2014	Date of Injury:	01/17/2012
Decision Date:	11/13/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/23/2014

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 Orthopedic Spine Surgery, and is licensed to practice in New York. 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 has had right SI joint fusion. The patient is taking tramadol and we'll start NSAID medication. The patient also takes Prozac. The patient has taken narcotic pain medication postoperatively. On physical examination inspection and palpation of the lumbar spine are within normal limits. There is no erythema or swelling. Range of motion is within normal limits and muscle strength is normal in the bilateral lower extremities. Special tests for nerve roots are negative. The patient is status post sacroiliac fusion. At issue is whether Lidoderm Patches are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The patient does not meet establish criteria for Lidoderm patches. Specifically, MTUS chronic pain treatment guidelines do not recommend use of Lidoderm patches for chronic pain. Also Lidoderm patches or not recommended for postoperative back

pain. Criteria for Lidoderm patches not met. Lidoderm Patches are not medically necessary in the postoperative period for this patient who is status post SI joint fusion.