

Case Number:	CM14-0158462		
Date Assigned:	10/01/2014	Date of Injury:	04/01/2011
Decision Date:	12/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine, 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:

Injured worker was a 58-year old female whom experienced an industrial injury 04/01/11. She was reevaluated 08/20/14, and she complained of low back pain with radiation into her legs. She reported medications help 30-40%. Upon examination, there was tenderness and reduced lumbar range of motion. She was prescribed Lidoderm and Ultram. Diagnoses were thoracic strain, myofascial pain and lumbar degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 1-2 patches 12 hrs on, 12 hrs off 5% patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Appendix A, ODG Workers' Compensation Drug Formulary; Lidoderm patches; per ODG website

Decision rationale: Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain

when trials of antidepressants and anticonvulsants have failed. The request is not reasonable as there is no documentation that there has been failure of first line therapy.