

Case Number:	CM14-0179320		
Date Assigned:	11/03/2014	Date of Injury:	03/13/2001
Decision Date:	12/10/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/28/2014

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 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 is a male with date of injury 3/31/2001. Per primary treating physician's progress report dated 10/17/2014, the injured worker complains of moderate to severe back pain and spasms. He relates that he is having more difficulty with his day to day activities and pain control as he has not been able to get his medications. On examination the injured worker has difficulty walking, changing position and getting onto the examining table. Lumbar motion is restricted and causes painful symptoms. There is guarding with motion. There is muscle spasm noted on the lumbar exam. Gait is antalgic. Diagnoses include 1) status post previous laminectomy and discectomy L4-5 2) status post revision decompression, L4-S1 with discectomy at L4-5 to the left and anterior-posterior fusion, L3-S1, 1/2003 3) cervical strain 4) moderate disc herniation, C6-7, T7-8, and T8-9 5) status post open repair of right shoulder rotator cuff tendon, 10/2004 6) rotator cuff tear, left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% day supply: 30, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56, 57.

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical records provided for review do not indicate that the injured worker is experiencing neuropathic pain that has failed trials of antidepressant and anticonvulsant medications. The requesting provider does not present a rationale for this request. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Lidocaine pad 5% day supply: 30, QTY: 60 is determined to not be medically necessary.