

Case Number:	CM14-0030173		
Date Assigned:	06/20/2014	Date of Injury:	03/18/1996
Decision Date:	07/17/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 66-year-old male who was reportedly injured on 3/18/1996. The mechanism of injury was noted as an industrial injury. The most recent progress note dated 1/13/2014, indicated there were ongoing complaints of moderate and intermittent back and left leg pains. The patient states his symptoms were better. The physical examination demonstrated lumbar spine: range of motion: Flexion 40 with pain and extension 10 with pain. Gait examination: Toe walk normal, heel walk normal. No tenderness to palpation or muscle spasms noted to the thoracic, lumbar spine. Muscle strength 5/5 in bilateral lower extremities. Sensation intact to light touch. Pinprick sensation revealed no abnormality. Vibratory sense for the lower extremities revealed no abnormality. Right and left straight leg raise was positive for back pain. X-rays of the lumbar spine 2/16/2011 revealed stable anterior and posterior L4-L5 and L5-S1 fusion. X-rays of the cervical spine, dated 1/3/2011, revealed status post fusion from C3-C6. Degenerative spondylosis of C6-C7. X-rays lumbar spine dated 2/24/2014, revealed status post fusion from L4-S1 with laminectomy of L4-L5. No instability with flexion or extension noted. Previous treatment included lumbar spinal fusion surgery and medications of Celebrex, Vicodin, lidoderm patches and Neurontin. A request had been made for one prescription of Lidoderm Patches 5% (Express Scripts) between 1/13/2014 and 5/7/2014 and was not medically necessary in the pre-authorization process on 2/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request 1 prescription Lidoderm Patches 5%(Express Scripts) between 1-13/2014 and 5/7/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 56 OF 127.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support the use of topical lidocaine for individuals with neuropathic pain who have failed treatment with first-line therapy to include antidepressants or anti-epileptic medications. Based on the clinical documentation provided for this 66-year-old male with chronic neck, back, and left leg pains, there was no supporting clinical evidence or documentation stating radiculopathy on physical exam. As such, the request is considered not medically necessary.