

Case Number:	CM14-0041863		
Date Assigned:	06/30/2014	Date of Injury:	08/07/2002
Decision Date:	08/20/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/09/2014

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 61-year-old male who was reportedly injured on 8/7/2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 2/20/2014, indicated that there were ongoing complaints of neck pain, low back pain and headaches. The physical examination demonstrated lumbar spine limited range of motion with pain and positive spasm noted. Pain was noted on the right at S1 level. No recent diagnostic studies were available for review. Previous treatment included physical therapy, transcutaneous electrical nerve stimulation unit, medications, and conservative treatment. A request was made for Lidoderm patch #60 and was not certified in the pre-authorization process on 3/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: The California Medical Treatment utilization Schedule supports the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line

therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the claimant has no documentation on physical examination of radiculopathy or failure of first-line treatments. As such, this request is considered not medically necessary.