

Case Number:	CM14-0044653		
Date Assigned:	07/02/2014	Date of Injury:	02/08/2001
Decision Date:	07/31/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/11/2014

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:

The claimant was injured on 02/08/01. Lidoderm patches are under review. The claimant injured his low back and has ongoing pain. He is status post lumbar spinal hardware removal on 02/08/13 and had poor sleep quality but was taking medications which worked well with no side effects. His straight leg raising was positive with tender trigger points and spasm. A new onset of left lower extremity pain was noted. The file included some laboratory studies. There is no office note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch % 700mg/patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that "topical agents may be recommended as an option, but 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. Before

prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded." In this case, there is no evidence of failure of other first line drugs. The claimant's history of evaluation and treatment, including trials of local modalities and first line medications, was not submitted for review in support of this request. Therefore, the request for Lidoderm 5% patch % 700mg/patch is not medically necessary and appropriate.