

Case Number:	CM14-0060241		
Date Assigned:	07/11/2014	Date of Injury:	05/23/2000
Decision Date:	08/27/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 records, presented for review, indicate that this 48-year-old individual was reportedly injured on 5/23/2000. The mechanism of injury was noted as a pulling injury. The most recent documentation, submitted for review, is the utilization review dated 4/9/2014. It indicated that there were ongoing complaints of low back pain. The physical examination, dated 3/24/2014, was mentioned in the utilization review; however, there were no physical examination findings documented. No diagnostic studies are available for review. Previous treatment included previous surgery, and medications. A request had been made for Lidoderm patch #30 with 3 refills and was not certified in the pre-authorization process on 4/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine HCL) 5%. 30 count with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-112.

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

Decision rationale: MTUS guidelines support the use of Topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or

anti-epileptic medications. Based on the clinical documentation provided, there are no physical exam findings subjective or objective presented for review. As such, the request is considered not medically necessary.