

Case Number:	CM14-0063681		
Date Assigned:	07/16/2014	Date of Injury:	05/22/2007
Decision Date:	08/22/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/06/2014

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 patient is a 66 year old female who was injured on 06/22/2007. The mechanism of injury is unknown. The patient underwent revision of two sacroiliac periheral neuroelectrodes on 12/12/2013. He underwent implantation of two thoracic Medtronic pisces Quad 56 cm epidural neuroelectrodes at T8-9 on 08/08/2013. He had revision of the bilateral thoracic epidural and bilateral peripheral neuroelectrodes and implantation of a rechargeable sensor pulse generator in the right anterior abdomen on 08/15/2013. Office visit dated 05/05/2014 states the patient complained of allodynia over the right abdominal pulse generator. He notes burning pain in the area of the pulse generator . He has trialed Lidoderm patch over the pulse generator with relief of the allodynia but no change in the deeper episodic transient burning pain in the area of the pulse generator. On examination of the thoracolumbar spine and lower extremities, bilateral patellar deep tendon reflexes were 2/4 while left Achilles deep tendon reflex was absent and right Achilles deep tendon reflexes was trace 4. Active range of motion of the lumbar spine revealed flexion to 10 degrees; extension to 20 degrees; lateral bending bilaterally 10/15 degrees. Diagnoses are primary low back pain, bilateral iliolumbar and bilateral sacroiliac enthesopathy, bilateral trochanteric bursitis, lumbar core weakness, left S1 radiculopathy and right bicipital tendonitis, right subacromial bursitis, and right shoulder capsulitis. The patient was recommended to continue Lidoderm patch over the pulse generator using a prior prescription and he was instructed to start physical therapy. Prior utilization review dated 04/04/2014 states the request for Trial Of Lidoderm Patch Between 4/2/2014 And 5/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Of Lidoderm Patch Between 4/2/2014 And 5/18/2014: 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Lidoderm Patch.

Decision rationale: According to MTUS guidelines, topical analgesics may be recommended for neuropathic pain after a failed trial of oral medications. In this case there is no failure of oral medications prescribed for neuropathic pain. Medical records document improvement on Gabapentin, Topamax and Savella. Medical necessity for Lidoderm patch is not established, therefore the request is not medically necessary and appropriate.