MAXIMUS Federal Services

Case Number:	CM14-0063951		
Date Assigned:	07/11/2014	Date of Injury:	01/14/2004
Decision Date:	09/17/2014	UR Denial Date:	04/08/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 58-year-old female who reported an injury on 01/14/2004 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her knee. The injured worker's treatment history included physical therapy, surgical intervention that ultimately resulted in bilateral total knee replacement. The injured worker developed compensatory low back pain due to an altered gait. The injured worker's treatment history for her low back included medications and a facet radiofrequency ablation. Conservative treatment has included Gabapentin, physical therapy, aquatic therapy, a home exercise program, and a functional restoration program. The injured worker was evaluated on 03/05/2014. It was noted that the injured worker had received 65% pain relief from her low back pain due to the radiofrequency ablation. It was noted that the injured worker had had a return of symptoms. The injured worker's pain was rated at a 7/10. The injured worker's medications included Cymbalta, Lyrica, Motrin 800 mg, Omeprazole 20 mg, and Phenergan 25 mg. The injured worker's diagnoses included chondromalacia of the patella, chronic pain, spondylosis of the lumbosacral spine, pain in joint lower leg, carpal tunnel syndrome, and pain in joint forearm with inconsistent urine drug screens. A request was made for a Lidoderm patch to assist with pain management without increasing oral medication intake. A letter of appeal was written on 04/17/2014. It was noted that the request received an adverse determination due to a lack of documentation to support failure of response to first line medications. It was noted that the injured worker had a history of inconsistent urine drug screens. It was noted that the injured worker's pain was not well controlled on oral medications alone and a Lidocaine patch would be introduced for a trial in an attempt to reduce oral medication intake. A Request for Authorization to support the request was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested 30 patches of 5% Lidocaine are not medically necessary or appropriate. The clinical documentation submitted for review does indicate that treatment was initiated on 03/05/2014. California Medical Treatment Utilization Schedule recommends a 2 week trial of a Lidocaine patch to establish efficacy and safety. The requested 30 patches exceeds the 2 week trial recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 30 patches of 5% Lidocaine are not medically necessary or appropriate.