

Case Number:	CM14-0064327		
Date Assigned:	07/11/2014	Date of Injury:	09/16/2003
Decision Date:	08/21/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/07/2014

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 72 year old male who was injured on 09/19/2003. The mechanism of injury is unknown but work related. He has received a caudal epidural steroid infusion bilaterally at L4-S1 on 08/22/2013 and had good improvement of 50 to 80%. Objective findings on exam revealed the lumbar spine to have spasm bilaterally of the paraspinal musculature. Pain management note dated 02/28/2014 states the patient complained of low back pain with spasms that radiates down the left lower extremity. His pain is aggravated by activity. He also has mid back pain as well. He rated his pain with medications a 5/10 and without medications a 10/10. His activities of daily living are limited with self-care and hygiene, ambulation, hand function and sleep and sexual activity. His sensation is decreased bilaterally and muscle strength is 4/5 in bilateral lower extremities flexors and extensors. He is diagnosed with lumbar disc displacement, lumbar radiculopathy, gastritis, hypertension, and medication related dyspepsia. This patient was recommended Lidoderm patch and Flexeril 5 mg #80 for weaning purposes. Prior utilization review dated 04/23/2014 states the request for Lidocaine 5% Patches QTY: 90 Refills as not medically necessary. No rationale has been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Patches QTY: 90 Refills: 0: 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): 111-3.

Decision rationale: According to MTUS guidelines, topical Lidocaine patches may be recommended for localized, peripheral neuropathic pain after a failed trial of oral medications. However, in this case history, examination and diagnostics do not establish localized, peripheral neuropathic pain. There is no documentation of a failed trial of first-line oral medications. Clinically significant objective functional improvement is not demonstrated. The request is not medically necessary.