MAXIMUS Federal Services

Case Number:	CM14-0064810		
Date Assigned:	07/11/2014	Date of Injury:	03/24/2010
Decision Date:	09/30/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/08/2014

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, Pain 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 injured worker is a 49-year-old female who reported an injury 03/24/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 04/10/2014 indicated diagnoses of status post 2 level cervical spine fusion with significant radiculopathy, lumbar spine radiculopathy, and injections of the cervical spine, and 3 injections of the lumbar spine. The injured worker reported her pain with medications was 2/10, and without medications was 5/10. The injured worker reported no new problems or side effects and that her quality of sleep was fair. The injured worker reported her activity level had increased and she was taking her medications as prescribed. The injured worker reported her medications were working well. The injured worker reported her flare up had drastically improved and she had reduced herself to 1 Norco per day. She had reduced her baclofen to once daily. On physical examination of the cervical spine, there was tenderness of the paravertebral muscles with hypertonicity and a trigger point, a twitch response was obtained along with radiation pain bilaterally. The injured worker also had tenderness at the rhomboids and trapezius. The injured worker's Spurling's maneuver caused pain in the muscles of the neck that radiated to the upper extremities. The examination of the lumbar spine revealed restricted range of motion with normal flexion and extension. On palpation of the paravertebral muscles, hypertonicity and tenderness was noted on both sides. The injured worker's treatment plan included a request for gym membership for 1 year, followup and medication refill. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker medication regimen included Lyrica, baclofen, ibuprofen, Lidoderm patch and Norco. The provider submitted a request for the Lidoderm patch. The request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The California MTUS Guidelines state that Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. It was not indicated that the injured worker had tried and failed antidepressants and anticonvulsants. In addition it was not indicated how long the injured worker had been utilizing the Lidoderm patch.Additionally, it was not indicated if the injured worked, had tried a first line therapy such as gabapentin and lyrica. Moreover, the request does not indicate a frequency for the Lidoderm patch. Therefore, the request is not medically necessary.