

Case Number:	CM14-0065006		
Date Assigned:	07/11/2014	Date of Injury:	11/21/1997
Decision Date:	09/17/2014	UR Denial Date:	05/04/2014
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 Texas and Ohio. 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 54-year-old male who reported an injury on 11/21/1997. The mechanism of injury was noted to be a fall. His diagnoses were noted to be chronic low back pain, status post bilateral laminectomy, microdiscectomy and facetectomy L5-S1 with posterior interbody fusion at L5-S1 and posterolateral arthrodesis at L5-S1 with a posterior pedicle screw, and harvest of a right iliac bone graft. Prior treatments were noted to be epidural steroid injections, physical therapy, chiropractic therapy, and psychiatric treatments. Diagnostic studies were noted to be x-rays and an MRI. The injured worker had an evaluation on 02/25/2014. His chief complaint was low back pain. The physical examination noted no acute distress. The treatment plan included the medication Norco with refills. The provider's request did not have a rationale. In addition, the Request for Authorization form was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches Quantity 90Three Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Lidoderm Patches Quantity 90 Three Refills is non-certified. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch is Lidoderm, and has been designated for orphan status by the FDA for neuropathic pain. The clinical evaluation on 02/25/2014 does not indicate an adequate pain assessment. It also does not note a failed trial of tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica. In addition, the provider's request fails to indicate a dosage frequency and application site. Therefore, the request for Lidoderm Patches Quantity 90 Three Refills is not medically necessary.