

Case Number:	CM14-0072094		
Date Assigned:	07/16/2014	Date of Injury:	10/01/1999
Decision Date:	09/19/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/19/2014

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 Orthopedic Surgery 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 records presented for review indicate that this 37 year old male was reportedly injured on 10/1/1999. The mechanism of injury was cumulative and repetitive injuries as a police officer. The most recent progress note, dated 6/3/2014, indicated that there were ongoing complaints of chronic low back pain and left hip pain. The physical examination demonstrated lumbar spine positive tenderness to palpation of the paravertebral muscles with noted spasm, seated nerve root test was positive, guarded and restricted range of motion, and sensory motor exam was within normal limits. No recent diagnostic studies are available for review. Previous treatment included medications, left hip surgery, and conservative treatment. A request was made for Lidocaine patch and was not certified in the preauthorization process on 5/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first line therapy including antidepressants or anti-epileptic medications. Based on the clinical documentation provided, there is no documentation of radicular pain or failure first line therapy. As such, the request is considered not medically necessary.