

Case Number:	CM14-0072363		
Date Assigned:	07/16/2014	Date of Injury:	02/12/2008
Decision Date:	09/22/2014	UR Denial Date:	05/05/2014
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 Anesthesiology, has a subspecialty in 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 male who is reported to have sustained work related injuries on 02/12/08. On this date, he was moving a water heater when he developed low back and cervical pain. Records indicate that the injured worker is status post lumbar fusion on 01/22/13. Postoperatively, he has been treated with oral medications, trigger point injections, and physical therapy. His current medication profile includes Flector 1.3 percent patches, Omeprazole, and Orphenadrine. The record includes an MRI of the cervical spine dated 02/11/11 which was reported as normal. On physical examination, he is noted to have limited cervical range of motion with hypertonicity and tenderness of the cervical paraspinal musculature, Spurling's maneuver is negative, lumbar spine there is a loss of normal lordosis, range of motion is restricted in all planes, tenderness and a tight muscle band is identified in the paravertebral muscles, lumbar facet loading is positive on the left, straight leg raise is reported to be positive on the left at 75 degrees, motor strength is graded as 4/5 bilaterally in shoulder abduction, left extensor hallucis longus (EHL) is graded as 5-/5, sensation to light touch is reported to be decreased over the thumb on the right side and medial foot on the left side, and reflexes are 2/4 with the exception of the left ankle jerk graded as 1/4. The record includes a utilization review determination dated 05/06/14 in which a request for Lidocaine 5 percent patch quantity thirty was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Patch, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

Decision rationale: The submitted clinical records indicate that the injured worker is status post a lumbar fusion performed on 01/22/13. He is noted to have chronic myofascial pain and spasms. The record does not indicate that the injured worker has undergone a trial of first line medications such as tricyclic antidepressants, selective Norepinephrine reuptake inhibitors, or antiepileptic drugs. Further, the record provides no data which establishes functional benefits from the previous use of this topical analgesic. As such, the injured worker would not meet criteria per California Medical Treatment Utilization Schedule (MTUS) for the continued use of this medication. Therefore, the request of Lidocaine 5% Patch #30 is not medically necessary and appropriate.