

<b>Case Number:</b>	CM14-0074662		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/01/1998
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 and Rehabilitation, and is licensed to practice in Nevada. 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 41-year-old gentleman who was reportedly injured on April 1, 1998. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 26, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated spasms and tenderness over the lumbar paraspinal muscles. There was decreased sensation in the L5 and S1 dermatomes as well as a decreased patellar reflex. Diagnostic imaging studies of the lumbar spine revealed possible disc height at the L1 - L2 level. Previous treatment is unknown. A request was made for Lidocaine patches and a Lumbar Traction Unit for purchase and was not considered medically necessary in the pre-authorization process on April 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of Topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including Anti-Depressants or Anti-Epilepsy Medications. Based on the clinical documentation provided, the injured employee has not failed treatment with these first-line medications. As such, this request for Lidocaine Patches is not medically necessary.

**1 Lumbar Traction Unit Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Traction. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Traction.

**Decision rationale:** According to the Official Disability Guidelines Traction is not recommended using powered Traction Devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. Considering this, the request for a Lumbar Traction Unit for purchase is not medically necessary.