

Case Number:	CM14-0075419		
Date Assigned:	07/16/2014	Date of Injury:	06/04/2003
Decision Date:	09/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/23/2014

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, 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 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 46-year-old individual was reportedly injured on 6/4/2003. The mechanism of injury was not listed. The most recent progress note, dated 4/28/2014, indicated that there were ongoing complaints of neck pain that radiated into the bilateral upper extremities, and low back pain radiating into the bilateral lower extremities. The physical examination demonstrated the patient with a slow gait and with a cane for ambulation. Cervical spine had positive tenderness to the cervical spine C5-C7. Range of motion was limited due to pain. Pain increased with flexion, extension, and rotation. Lumbar spine had positive tenderness to palpation at L4-S1. Range of motion was limited due to pain. Sensory and motor showed no changes from prior exam. There were also positive tight hamstrings. No recent diagnostic studies are available for review. Previous treatment included spinal surgery, tens unit, medications, and conservative treatment. A request had been made for Lidoderm patch 5% #30 and was not certified in the pre-authorization process on 5/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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. Review, of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request is not medically necessary.