

Case Number:	CM14-0078562		
Date Assigned:	07/18/2014	Date of Injury:	11/28/2008
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/28/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 year 52 old male with a reported date of injury of 11/25/2008. The mechanism of injury was not listed in the records. The diagnosis was lumbar discogenic pain. The past treatments included pain medication. The MRI from 2009 revealed a small central disk protrusion at the L4-L5 and facet arthritic changes at the L5-S1. There was no surgical history listed in the records. On 04/07/14, the subjective complaints were persistent right wrist and shoulder pain. The physical examination noted the injured worker had reduced range of motion in the lumbar spine and good strength in both upper and lower extremities. The medications included Tramadol ER 100mg three times a day, Zoloft 100mg twice a day, and Trazodone 50mg twice a day. The treatment plan was for Lidoderm patches. The rationale for the request and the request for authorization form were not provided in the records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5 percent #60: Upheld

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

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

Decision rationale: The request for Lidoderm patches 5 percent #60 is not medically necessary. The California MTUS guidelines state lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The injured worker had chronic low back pain, however the clinical notes do not document previous first line therapy of tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica for pain. As such, the request is not medically necessary.