

Case Number:	CM14-0080093		
Date Assigned:	07/18/2014	Date of Injury:	07/16/2007
Decision Date:	08/29/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/30/2014

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 Florida. 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 61-year-old female who reported an injury on 07/16/2007 while she was pushing a table. The patient reported low back pain. The most recent evaluation provided in the documentation was on 08/12/2013. The exam noted tenderness to the low back. The diagnoses included intervertebral lumbar disc disorder with myelopathy in the lumbar region. The treatment plan included a followup in 3 months. The Request for Authorization and rationale for request were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, quantity 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Agents Page(s): 143.

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

Decision rationale: The request for Lidoderm patch 5%, quantity 30 with 3 refills is not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines recommend Lidoderm for the treatment of localized peripheral pain after there has been evidence of a trial of first line therapies. There is a significant lack of clinical evidence of a recent evaluation of the

injured worker's pain. There is a lack of evidence in the documentation provided of the efficacy of the prescribed medication. Furthermore, the request does not specify the area of the body for application. Also, the request for 3 refills would not allow for the evaluation of the efficacy of the medication. As such, the request for Lidoderm patch 5% quantity 30 with 3 refills is not medically necessary.