

Case Number:	CM14-0083038		
Date Assigned:	07/21/2014	Date of Injury:	01/24/2011
Decision Date:	08/26/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This case involves a 56 year old female who sustained an industrial injury on 01/24/2014 after a fall. The injured worker's complained of neck and low back pain with radiation to the right lower extremities. She has been treated with acupuncture, physical therapy, and cervical spine medial branch block. An MRI of the lumbar spine was performed in August of 2014 which revealed degenerative disc disease at L4-5 and a synovial cyst with thecal sac compression at L5-S1. An EMG / NCV of the right lower extremity were performed in September 2014 which came back normal. Objective findings are painful and decreased range of motion of the cervical spine, painful and decreased range of motion of the lumbar spine. The diagnosis includes lumbar spine degenerative disc disease, chronic low back pain, and chronic neck pain. Treatment plan and request is Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches QTY: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 56-57.

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

Decision rationale: Per the MTUS guideline cited above, topical 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). There is no evidence of a trial of one of these medications in the available medical records. On the basis of the MTUS guidelines, Lidoderm patch is not indicated as medically necessary.