

Case Number:	CM14-0088066		
Date Assigned:	07/23/2014	Date of Injury:	05/03/2003
Decision Date:	10/01/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/10/2014

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 60 year-old male who was reportedly injured on May 3, 2003. The mechanism of injury is noted as a slip and fall type event. The most recent progress note dated May 7, 2014 indicates that there are ongoing complaints of low back pain with bilateral lower extremity involvement. The physical examination demonstrated a decrease in cervical spine range of motion, tenderness to palpation and Spurling's maneuver is positive. A limited range of motion of lumbar spine is reported in the bilateral lower extremity deep tendon reflexes are equal and symmetric. There is no motor sensory loss identified. Diagnostic imaging studies were not presented for review. Previous treatment includes multiple medications, physical therapy, nerve block injections, and other pain management interventions. A request was made for Lidoderm and was not certified in the pre-authorization process on June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112.

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-epilepsy medications. Based on the clinical documentation provided, there is no neuropathic lesion identified. Furthermore, when noting the physical examination reported there is no clinical indication of any efficacy or utility with use. There is no increase in functionality or decrease in pain symptomology. As such, the request is considered not medically necessary.