

Case Number:	CM14-0088833		
Date Assigned:	07/23/2014	Date of Injury:	08/02/2005
Decision Date:	09/08/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/12/2014

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 records presented for review indicate that this 53 year old female was reportedly injured on 8/2/2005. The mechanism of injury is undisclosed. The claimant underwent a lumbar fusion at L5 to S1 in 1979. The most recent progress note dated 4/10/2014, indicates that there are ongoing complaints of low back pain with radiation to right thigh. Physical examination demonstrated antalgic gait and no motor weakness; no musculoskeletal or neurological exam documented. No recent imaging studies available for review. Previous treatment includes epidural steroid injections, trigger point injections, physical therapy, massage therapy, home exercise program (HEP), acupuncture and medications to include Neurontin, Butrans and Lidoderm Patch. A request was made for Lidoderm Patch 5 percent (700mg/patch) quantity 30 with four refills (prescribed 4/10/2014) and was not certified in the utilization review on 5/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% 700mg Qty 30 with four refills: 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.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of topical Lidocaine for individuals with radiculopathy and or neuropathic pain that have failed treatment with first line therapy including antidepressants or antiepilepsy medications. Review of the available medical records, documents a low back injury in 2005 with ongoing complaints of chronic low back pain, but fail to document objective radicular findings and if she failed treatment with a first line treatment (Neurontin). As such, this request is not considered medically necessary.