

Case Number:	CM13-0049323		
Date Assigned:	12/27/2013	Date of Injury:	01/28/1999
Decision Date:	12/21/2015	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/07/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 66 year old male, who sustained an industrial injury on 01-28-1999. The injured worker was not working and permanent and stationary as of 05-10-2013. Medical records indicated that the injured worker is undergoing treatment for lumbar spondylosis without myelopathy, subacromial bursitis, and osteoarthritis of knee. Treatment and diagnostics to date has included lumbar neurolysis and medications. Recent medications have included Oxycodone, Lyrica, and Lidoderm (since at least 01-21-2013). Subjective data (05-10-2013 and 10-16-2013), included knee and low back pain rated 8 out of 10 (05-10-2013) and 6 out of 10 (10-16-2013) with medications and 10 out of 10 without medications. Objective findings (10-16-2013) included decreased lumbar spine range of motion with positive Patrick and reverse Thomas tests bilaterally. The Utilization Review with a decision date of 10-25-2013 non-certified the request for Lidoderm 5% 700mg patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5%, 700mg patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the documentation doesn't support that the patient has failed treatment with first line analgesic medications. The continued use is not medically necessary.