

Case Number:	CM14-0175168		
Date Assigned:	10/28/2014	Date of Injury:	05/22/2000
Decision Date:	03/03/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/22/2014

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. 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 55 year old male who was suffered a work related injury on 05/22/00 while using a sledgehammer. Per the physician notes from 07/16/14 his lumbar pain and mild thoracic pain is now rated at 2/10. His diagnoses include multi-level lumbar degenerative disk disease with previous anterior approach and lumbar fusion surgery. The plan is to continue weaning his pain medications and emphasize stretching and strengthening. He continues to work full time. The requested treatments are Lidoderm patches. These are not mentioned in the notes that were submitted for review. The Lidoderm patches were denied by the Claims Administrator on 09/12/14 and were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% 2 per day, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 55 year old male has complained of low back pain since date of injury 5/22/00. He has been treated with lumbar spine fusion surgery, physical therapy and medications. The current request is for Lidoderm patch 2%. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Lidoderm patch is not indicated as medically necessary.