

Case Number:	CM14-0189154		
Date Assigned:	11/20/2014	Date of Injury:	07/30/2014
Decision Date:	01/08/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/12/2014

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 family Medicine, and is licensed to practice in California. 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:

Injured worker is a 28 year old female with workplace injury that occurred on 07/30/2014. Claimant works as a nurse and was assisting a patient to the commode when he fell forward onto her. The diagnosis was lumbar spine/sprain/strain, r/o HNP, bilateral lower extremity radiculopathy. Past medical treatment included physical therapy five visits, and ibuprofen. Medical record MD visit 09/05/14 reported claimant had some radiation to buttocks but nothing below the knees; pain 2/10, no neurological deficits. MD visit 10/07/14 reports claimant complains of constant pain and stiffness and spasm to lumbar spine radiating down both lower legs, with tingling to both legs, worse on the right, and pain in coccyx area. No neurologic deficits were noted. Positive for tenderness, limited ROM, stiffness and spasms. Medications provided include Ibuprofen, Ultram, Soma, Lidocaine patches. This is a request for Lidocaine patches 5% with 2 refills. Lidocaine patches do not meet medical necessity per CA MTUS chronic pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches 5% with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Topical Analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request is not reasonable as there is no documentation that there has been failure of first line therapy. Therefore, this request is not medically necessary.