

Case Number:	CM14-0190621		
Date Assigned:	11/24/2014	Date of Injury:	09/18/2003
Decision Date:	01/29/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/14/2014

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 Rehab 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:

The 60 year old injured worker, with a date of injury of 9/8/03, is being treated for post laminectomy syndrome due to persistent chronic low back pain. Treatment interventions listed include Norco, Cymbalta, trazodone Lidoderm, Flector, Voltaren and Valium. She has also received lumbar trigger point injections and Toradol injections for pain. Physical examination findings have been significant for lumbar spasms with myofascial restrictions. Treatment regimen was last noted to result in 37% reduction in pain. Refill request was made for lidocaine 5% #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disabilities Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 122.

Decision rationale: The injured worker is being treated for chronic postlaminectomy syndrome. Available records indicate that the patient is has been diagnosed with myofascial and neuropathic low back pain. Utilization review report indicates that there is no documentation of neuropathic

pain which triggered a denial for the prescription authorization. However, the treating provider does indicate in the documentation that neuropathic pain is present; further there is evidence of a trial of first line treatment for neuropathic pain with the SNRI Cymbalta. With the request being consistent with MTUS guidelines recommendations it is in fact medically necessary.