

Case Number:	CM14-0190739		
Date Assigned:	11/24/2014	Date of Injury:	09/07/2004
Decision Date:	04/03/2015	UR Denial Date:	11/04/2014
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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on September 7, 2004. The diagnoses have included bilateral trochanteric bursitis, lumbar radiculopathy and discogenic low back pain. Treatment to date has included Toradol injection, oral pain medications, oral Non-steroidal anti-inflammatory drug and Lidoderm patches. Currently, the injured worker complains of lumbar pain radiating to the bilateral lower extremities and bilateral hip pain. In a progress note dated August 12, 2014, the treating provider reports examination of the lumbar spine there is tenderness about the lower lumbar paravertebral musculature, positive sitting straight leg raise bilaterally and an absent left Achilles tendon reflex. On December 14, 2014 Utilization Review non-certified a Lidoderm patches 120gm quantity 30 with two refills, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 120mg # 30 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Regarding request for Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has localized peripheral neuropathic pain which has failed first-line therapy. In the absence of such documentation, the currently requested Lidoderm is not medically necessary.