

Case Number:	CM14-0204125		
Date Assigned:	12/16/2014	Date of Injury:	05/07/2012
Decision Date:	02/05/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/05/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

This 45 year old male was a bus driver when he sustained an injury on May 7, 2012. He felt pain in his lower back when bending down to secure a wheelchair passenger onto the bus' designated area. Past treatment included diagnostic studies, and activity modifications, and anti-inflammatory, sleeping, and pain medications. On October 9, 2014, an MRI of the lumbar spine revealed mild degenerative changes at L3-L4 and L4-L5. On October 22, 2014, the treating physician noted sharp and aching pain of the lower back with numbness and pins and needle-like sensations. The injured worker' pain was at a moderate level. The physical exam revealed tenderness to palpation over the lumbar spine, bilateral sacroiliac joint, and positive straight leg raise bilaterally with pain. Diagnoses were musculoligamentous sprain of the lumbar spine, bilateral S1 (sacral 1) radiculopathy (EMG/NCV 2012), disc bulge of L3-L4 with bilateral neural foraminal narrowing (MRI 2012), and mild degenerative changes at L3-L4 and L4-L5, and insomnia. The physician recommended a topical pain patch. Current medication was an anti-inflammatory medication. Current work status is full duty without restrictions. On December 1, 2014, Utilization Review non-certified a prescription for Lidoderm patches 5% requested on November 21, 2014. The Lidoderm patches 5% were non-certified based on the lack of documentation of failure of treatment with first line medications such as antidepressants and anticonvulsants and lack of documentation of oral pain medication intolerance. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for topical analgesics were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% Qty 30: 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.

Decision rationale: Lidoderm Patches 5% Qty 30 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the requested medication is not medically necessary.