

Case Number:	CM14-0208631		
Date Assigned:	12/22/2014	Date of Injury:	07/21/2014
Decision Date:	02/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/12/2014

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 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:

The patient is a 59-year-old male presenting with a work-related injury on July 21, 2014. According to the medical records the patient reported 50% decrease in pain with ibuprofen, percent decrease in pain with Norco, and 30% decrease in pain with Lidoderm patches. The patient completed 6/6 physical therapy session and 6/6 acupuncture session. On November 24, 2014 patient complained of bilateral low back pain which was worse on the right than the left. The pain radiated to the left L5 distribution, right S1 distribution, both lower extremities more on the right than the left and on the left buttock. The pain was described as burning, numbing, sharp, shooting and tingling. The pain is rated an 8/10 and constant. The physical exam revealed slow antalgic gait and four flexion spine posture, range of motion was within normal limits except with flexion which was limited to 15 with pain, extension was limited to 5 with pain, right side bending which was limited to 10 with pain, and left side bending which was limited to 10 with pain. There was tenderness to palpation over the paraspinal muscle overlying the facet joints on both and there was a positive straight leg raise test on both sides and 30. The patient was diagnosed with lumbar degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patches #30 Patches with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: 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, 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.