

Case Number:	CM15-0006426		
Date Assigned:	01/26/2015	Date of Injury:	02/21/2012
Decision Date:	03/23/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/12/2015

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

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 50-year-old female who reported an injury on 11/04/2012 due to an unspecified mechanism of injury. On 11/10/2014, she presented for an office visit. It was stated that she was there for a planned procedure with complaints of back pain. Her medications had included hydrocodone/acetaminophen, gabapentin, lidocaine, levothyroxine, ibuprofen, fluoxetine, methocarbamol, and docusate sodium, as well as levonorgestrel. It was noted that she had worsening lumbar spondylolisthesis that had been seen on previous x-rays as well as worsening back pain. At the visit, she had undergone lumbar medial branch blocks. The treatment plan was for Lidoderm 5% TDSY #60. The rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% TDSY #60: 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 Topical Analgesics Page(s): 111-114.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. They are also only recommended in the form of a dermal patch for neuropathic pain. Based on the clinical documentation submitted for review, the injured worker was not noted to have neuropathic pain to support the request for Lidoderm. Also, there was a lack of evidence showing that she had tried and failed recommended oral medications to support the request for a topical analgesic. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.