

Case Number:	CM15-0006596		
Date Assigned:	01/21/2015	Date of Injury:	08/13/2002
Decision Date:	03/11/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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: Preventive Medicine, Occupational Medicine

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 41 year old female with an industrial injury dated August 13, 2002. The injured worker diagnoses include lumbosacral pain, radiculitis. She has been treated with radiographic imaging, prescribed medications, physical therapy, acupuncture, chiropractic treatments, activity modification, consultation and periodic follow up visits. In a progress note dated 12/5/14, the injured worker reported lower back pain radiating to right lower extremity with numbness and tingling. Physical exam revealed positive straight leg raises on the right, muscle spasms, and decrease range of motion in the lumbar spine. The treating physician prescribed Lidoderm 5% patch (unknown quantity) now under review. UR determination on December 23, 2014 denied the request for Lidoderm 5% patch (unknown quantity), citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch (unknown quantity): 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): 111-112.

Decision rationale: MTUS Guidelines are very specific that topical lidoderm is only recommended for localized peripheral pain when 1st line neuropathic medications have failed. These conditions have not been met with this patient. There does not appear to be failed trials of neuropathic pain medications and the area of pain is not localized. Under these circumstances the Lidoderm Patch 5% is not consistent with Guidelines and is not medically necessary.