

Case Number:	CM15-0008062		
Date Assigned:	01/23/2015	Date of Injury:	01/17/2014
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/14/2015

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, Washington

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 39-year-old male who reported an injury on 01/17/2014 due to an unspecified mechanism of injury. On 10/31/2014, he presented for a followup evaluation regarding his lumbar spine pain. He reported pain in the low back rated at a 2/10 that was frequent and noted to have worsened. He noted that the pain was made better with medications and with ibuprofen. Objective findings regarding the lumbar spine included marked tenderness to palpation over the right lumbar paraspinal muscles. Range of motion showed limited flexion to 70 degrees with pain, extension was full, and bilateral rotation was full. Neurovascular status was intact distally. He ambulated with a normal gait pattern. He was diagnosed with acute and chronic lumbar strain and rule out lumbar disc herniation. The treatment plan was for Lidoderm patches for an unknown quantity. The rationale was to alleviate the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches (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): 111-114.

Decision rationale: According to the California MTUS Guidelines, lidocaine is indicated for the treatment of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation indicating that the injured worker has neuropathic pain to support the request for lidocaine. Also, the dosage, frequency, and quantity of the medication were not stated within the request. 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.