

Case Number:	CM15-0028259		
Date Assigned:	02/20/2015	Date of Injury:	01/05/1993
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 62 year old male, who sustained an industrial injury on 01/05/1993. He has reported subsequent back pain and was diagnosed with multilevel lumbar spinal stenosis. Treatment to date has included oral and topical pain medication. In a progress note dated 10/30/2014, the injured worker complained of continued low back pain radiating to the lower extremities. Objective physical examination findings were notable for tenderness in the lower lumbar paravertebral musculature. The physician noted that the injured worker's symptoms were manageable with the adjunct of the medication which was utilized intermittently for acute exacerbations. A request for authorization of a refill of Lidoderm patches was made. On 01/16/2015, Utilization Review non-certified a request for Lidoderm patches, noting that there was no objective evidence to support the need for this medication and that it was not recommended as a first line treatment. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic products.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain that did not respond to first line anticonvulsant and antidepressant medications. The records did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. The patient was diagnosed with low back pain. There is no documentation of failure of first line medications. The criteria for the use of Lidoderm #30 2 refills patch were not met.