

Case Number:	CM14-0109681		
Date Assigned:	09/19/2014	Date of Injury:	09/04/2011
Decision Date:	10/22/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/15/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 31-year-old female who reported an injury on 09/14/2011 due to an unspecified mechanism of injury. The injured worker complained of lower back pain. The past treatments included physical therapy and medications. The medications included Lidoderm, naproxen, and tramadol. The diagnoses included chronic lumbar strain. The MRI on 11/09/2012 revealed a disc at the L4-5. The physical examination of the lumbar spine, dated 07/29/2014, revealed trigger points, sciatic right, sciatic left, iliac crest, lumbar paraspinals 145 right side, and lumbar paraspinals 145 left side. Range of motion 25% reduced. A sensory exam was within normal limits. A motor exam was within normal limits. Deep tendon reflexes within normal limits. The treatment plan included a refill for lidocaine. The Request for Authorization, dated 09/19/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Patch, qty 30: 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): 111-113.

Decision rationale: The request for Lidocaine 5% Patch, qty 30 is not medically necessary. The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The guidelines indicate that compound agents require knowledge of specific analgesic's effect of each agent and how it will be used for the specific therapeutic goal required. If at least one compound or drug class is not recommended then it is not recommended. The request did not indicate frequency. As such, the request is not medically necessary.