

Case Number:	CM14-0116623		
Date Assigned:	08/06/2014	Date of Injury:	07/16/2007
Decision Date:	10/22/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 61 year-old female was reportedly injured on July 16, 2007. The mechanism of injury occurred when pushing a packing table, bending her back and strained the lumbar back. The most recent progress note, dated July 11, 2014 indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a normotensive (141/34) individual with multiple psychiatric disorders. Diagnostic imaging studies objectified (or reported ordinary disease of life degenerative disc disease at multiple levels, facet joint disease, ligamentum flavum hypertrophy, and no acute osseous abnormalities. Previous treatment includes medications, injections and other pain management interventions. A request had been made for Lidoderm patch and was not certified in the pre-authorization process on July 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine patch 5%) times 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 16, 56-57, 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112 of 127..

Decision rationale: MTUS guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the claimant continues to have pain complaints but there is no objectified efficacy or utility in terms of increased functionality or decrease pain. As such, based on nationally of this medication to reach its intended goal, the request is considered not medically necessary.