

Case Number:	CM14-0141952		
Date Assigned:	09/10/2014	Date of Injury:	05/18/2010
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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 and 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 59-year-old female was reportedly injured on 5/18/2010. The mechanism of injury was noted as cumulative trauma due to sitting all day in a bus bouncing up and down. The previous utilization review referenced a progress note dated 7/23/2014, but the progress note was not provided for this independent medical review. The most recent available progress note, dated 6/25/2012, indicated that there were ongoing complaints of low back pain with radiation on the right lower extremity. Physical examination demonstrated restricted lumbar spine range motion, tenderness over spinous processes on L3, L4 and L5. There was also a straight leg raise test and a Faber's test that were negative. There was also ankle/patellar jerk 2/4 bilaterally. Motor strength was 5 /5 hip flexors, otherwise 5/5 in lower extremities. There was also decreased sensation over the lateral calf and posterior thigh on the right and normal heel and toe walk. MRI of the lumbar spine was performed in 2010 and 2011 and showed 3 disk bulges (reports not available for review). Previous treatment included epidural steroid injections, H-wave therapy, chiropractic treatment, physical therapy and medications to include gabapentin, omeprazole, cyclobenzaprine, Nucynta and tramadol. A request had been made for Lidoderm 5% patch 700mg/patch, #30, refill 3, which was not certified in the utilization review on 8/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch 700mg/patch, #30, refill 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines: 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009 Page(s): Page 56 of 12.

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-epileptic medications. Based on the clinical documentation provided, the claimant apparently suffers from low back and right lower extremity pain since a work-related injury in May 2005. There are no recent lumbar spine MRIs or electrodiagnostic studies confirming a diagnosis of neuropathic or radicular pain. Given the lack of documentation, this request is not considered medically necessary.