

Case Number:	CM14-0142922		
Date Assigned:	09/10/2014	Date of Injury:	05/26/2014
Decision Date:	10/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/03/2014

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, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 patient is a 29 year old female with an injury date of 05/26/14. Per the 08/14/14 report by [REDACTED], the patient presents with persistent constant lumbar spine pain rated 4/10 and frequent thoracic spine pain rated 5/10. The patient notes improvement with medication and rest. Examination of the lumbar spine reveals decreased range of motion with tenderness to the paraspinal bilaterally. There was decreased sensation 4/5 bilaterally at L4, L5 and S1. The patient's diagnoses include: 1. Thoracic spine minimal multilevel disc bulges per MRI dated 07/31/14. 2. Lumbar spine multilevel disc bulges with a 5 mm central and right protruding disc bulge at L4 over L5, per MRI dated 07/31/14. 3. Possible bilateral S1 radiculopathies per EMG/NCV dated 07/31/14. The utilization review being challenged is dated 08/25/14. Treatment reports were provided for 05/22/14 to 08/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine (3%5%) 180grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
LIDOCAINE Page(s): 112.

Decision rationale: The patient presents with constant lumbar spine pain rated 4/10 and frequent thoracic spine pain rated 5/10. The treater requests for Diclofenac/Lidocaine (3%/5%) 180 grams. MTUS guidelines page 112 state regarding Lidocaine, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." In this case, MTUS only recommends Lidocaine in patch form. Therefore, this request is not medically necessary.