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| Case Number: | CM14-0165013 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 02/01/2002 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine, 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 injured worker is a 69 year old male injured on 02/01/02 due to cumulative trauma to the low back. Diagnoses included chronic pain, lumbar dystonia, displacement of disc without myelopathy, degeneration of lumbar/lumbosacral intervertebral disc, and lumbago. Clinical note dated 08/13/14 indicated the injured worker presented complaining of lumbar spine pain and medication refill. Physical examination revealed moderate to severe tenderness in the lumbar spine, restricted movement in all directions with pain elicited, strength 5/5 to bilateral lower extremities, normal tone, muscle bulk, bilateral paraspinous muscle spasm at the lumbosacral junction, antalgic gait, and negative straight leg raise bilaterally. Medications included Protonix, Zanaflex, Ultram ER, vicodin increased to 7.5mg, and Ambien. The injured worker advised to discontinue vicodin due to non-certification; however, reported pain relief and improvement in function with the use of one tablet per day. Initial request was non-certified on 08/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% TDSY #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This medication is not discussed in the clinical documentation provided. The lack of documentation limits the ability to establish the injured worker's current clinical status and substantiate the medical necessity of the requested medication. Therefore, Lidoderm 5% TDSY #270 does not meet established and accepted medical guidelines, and is therefore not medically necessary.