

Case Number:	CM14-0081535		
Date Assigned:	08/01/2014	Date of Injury:	09/06/2012
Decision Date:	12/23/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 Family 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:

Injured worker was a 44-year old female whom experienced an industrial injury 09/06/12. She complained of low back, bilateral buttock and lower extremity pain. Objective examination revealed she had positive straight leg raise, numbness and tingling on the dorsum of her foot bilaterally, and weakness in the ankle dorsi and plantar flexors. Diagnoses included: spondylolisthesis L4-5 and stenosis and spondylolysis L4-5 and L5-S1 (MRI results were not provided for review) which she has been unresponsive to non-operative treatment. Due to her unresponsiveness to lesser invasive medical treatment, she wishes to proceed with an anterior posterior decompression and fusion at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patch 5% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 56, Postsurgical Treatment Guidelines Page(s): 307-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion (spinal), Lidoderm patch, per ODG website

Decision rationale: Topical Analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request is not reasonable as there is no documentation that there has been failure of first line therapy. The request for Lidocaine Patch is not medically necessary.