

Case Number:	CM14-0088152		
Date Assigned:	07/23/2014	Date of Injury:	10/11/2012
Decision Date:	10/09/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/11/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas & Ohio. 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 49 year old female who reported an injury on 10/11/2012. The mechanism of injury was not provided. Her diagnoses were listed as lumbar sprain or strain, lumbar radiculopathy, lumbar degenerative disc disease, cervical radiculitis, and cervical sprain or strain. The past treatment included medications, exercise, and a TENS unit. There were no relevant diagnostic studies or surgeries provided. On 05/02/2014, the injured worker complained of low back pain and cervical pain that she rated a 3-4/10. Upon physical examination, she was noted to have mild decrease in range of motion and tenderness to palpation. The medications were listed as Topiramate, Cyclobenzaprine, and LidoPro ointment. The treatment plan was to continue conservative care, refill medications, obtain AME report from 09/16/2013, and request authorization for Lidoderm patches 5%. The rationale for the request was not provided. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57,112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm
Page(s): 56-57.

Decision rationale: The request for Lidoderm patches 5% is not medically necessary. The California MTUS Guidelines state that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker was noted to have pain and decreased range of motion. However, in the absence of significant objective functional deficits and the injured worker having a diagnosis of post-herpetic neuralgia, the guidelines do not support the request. Therefore, the request is not medically necessary.