

Case Number:	CM14-0091048		
Date Assigned:	07/25/2014	Date of Injury:	06/26/2008
Decision Date:	09/03/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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 39-year-old male was reportedly injured on 6/26/2008. The mechanism of injury was listed in these records reviewed. The most recent progress note, dated 3/11/2014, indicated that there were ongoing complaints of low back pain that radiated down bilateral lower extremities. The physical examination demonstrated lumbar spine decreased lumbar lordosis, well healed scar, diffuse tenderness in the right greater than left lower paralumbar muscles from L4-S1 and limited range of motion. Bilateral lower extremities muscle strength was 5/5. There was decreased sensation over the lateral aspect of the right calf. Seated straight leg raise on the right caused some back and leg pains, and on the left only caused leg pain. Supine straight leg raise was 50 on the right with back and leg pains and 60 on the left. Flexion of the knee to the chest caused pain in the right greater than left low back. Patrick's test caused pain in the low back. No recent diagnostic studies are available for review. Previous treatment included previous surgery, injections, physical therapy, and medications. A request had been made for Lidoderm patches #60 and was not certified in the pre-authorization process on 5/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic. Decision based on Non-MTUS Citation ODG-Lido derm patchFDA.

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

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-epilepsy medications. Based on the clinical documentation provided, there is no documentation of failure of a first-line recommended treatment options. As such, the request is considered not medically necessary.