

Case Number:	CM14-0091861		
Date Assigned:	07/25/2014	Date of Injury:	03/15/1999
Decision Date:	10/10/2014	UR Denial Date:	06/09/2014
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 & 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 58-year-old gentleman was reportedly injured on March 15, 1999. The most recent progress note, dated August 29, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. Current medications include Protonix, Norco, soma, ketorolac, gabapentin, Lidoderm patches, and a Medrol dose pack. The physical examination demonstrated an antalgic gait. There was tenderness along the lumbar spine at the lumbosacral junction and decreased sensation along the left lower extremity. Diagnostic imaging studies of the lumbar spine revealed multilevel degenerative changes and foraminal narrowing. A lower extremity nerve conduction study suggested a left-sided L3, L4, and S1 radiculopathy. Previous treatment includes lumbar spine surgery and knee surgery. A request had been made for Lidoderm 5% patches and was not certified in the pre-authorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% QTY:120 refills 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111,112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 56.

Decision rationale: The California 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. According to the progress note dated August 29, 2014, the injured employee is currently prescribed Gabapentin. As such, this request for Lidoderm 5% patches is not medically necessary.