

Case Number:	CM14-0099186		
Date Assigned:	07/28/2014	Date of Injury:	11/07/2007
Decision Date:	10/17/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/27/2014

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 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 48-year-old male who reported an injury on 11/07/2007. The mechanism of injury was not stated. The current diagnoses include lumbar sprain/strain, reactionary depression, wedge deformity fracture at T12, history of intermittent headaches and neck pain, and bilateral hip pain. Previous conservative treatment includes medication management, epidural steroid injections, and activity modification. The current medication regimen includes Norco, Cymbalta, Naprosyn, and Zanaflex. The latest physician progress report submitted for this review is documented on 05/15/2014. The injured worker presented with complaints of persistent lower back pain. Physical examination revealed limited lumbar range of motion, positive straight leg raising, sensory deficit in the left lower extremity, and mild rigidity in the lumbar trunk. Treatment recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pads 5% #60, days supply; 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 Page(s): 111-113..

Decision rationale: California MTUS Guidelines state lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy with antidepressants and anticonvulsants. As per the documentation submitted, there is no evidence of localized peripheral pain or neuropathic pain on physical examination. There is also no documentation of a failure to respond to first line treatment. There is also no frequency listed in the current request. Based on the clinical information received and the California MTUS, the current request is not medically appropriate at this time.