

Case Number:	CM14-0121401		
Date Assigned:	08/06/2014	Date of Injury:	04/30/2008
Decision Date:	06/10/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	07/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 64-year-old male, who sustained an industrial injury on April 30, 2008. The injured worker was diagnosed as having multilevel cervical disc disease, multilevel lumbar disc disease/retrolisthesis, and lumbar radicular symptoms. Treatment to date has included lumbar epidural steroid injection (ESI), home exercise program (HEP), and medication. Currently, the injured worker complains of low back pain and cervical pain. The Primary Treating Physician's report dated July 23, 2014, noted the injured worker reported persistent low back pain tolerable with medication regimen, with Lidoderm patch noted to be of good benefit when low back pain and bilateral leg pain flares. The injured worker was noted to be currently using Tramadol, Flexeril, and ibuprofen. Physical examination was noted to show lumbar spine range of motion (ROM) was 50% of expected, cervical spine range of motion (ROM) was 75% of expected and sensory deficit of the right leg in L3-L4 and L4-L5 dermatomes. The treatment plan was noted to include continued independent exercise program and request for authorization for Lidoderm patches for lumbar neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches QTY: 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical analgesics.

Decision rationale: Guidelines state that topical analgesics are experimental and primarily used for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the patient complains of low back pain and there is no documentation of functional improvement from prior Lidoderm patch use. Documentation does not indicate failed trials of first line agents. The request for Lidoderm patches #60 with 3 refills is not medically necessary.