

Case Number:	CM14-0214108		
Date Assigned:	12/31/2014	Date of Injury:	09/11/2000
Decision Date:	02/19/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 patient is a 66 year old male with date of injury 9/11/00. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain with radiation of the pain to the bilateral lower extremities. He has been treated with TENS unit, physical therapy, lumbar laminectomy surgery, chiropractic therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, antalgic gait, mild decrease in strength bilateral lower extremities. Diagnoses: myalgia, post laminectomy syndrome, myofascial pain, spinal stenosis. Treatment plan and request: Lidoderm 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5%: 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 Page(s): 111.

Decision rationale: This 66 year old male has complained of low back pain with radiation of pain to the bilateral lower extremities since date of injury 9/11/00. He has been treated with transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, lumbar laminectomy surgery, chiropractic therapy and medications. The current request is for Lidoderm 5%. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Lidoderm 5% is not indicated as medically necessary.