

Case Number:	CM14-0092769		
Date Assigned:	07/25/2014	Date of Injury:	09/02/1991
Decision Date:	06/15/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/19/2014

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 62 year old male, who sustained an industrial injury on September 2, 1991. He reported being pulled out of a truck by another driver, causing pain in his left leg, hip, and knee. The injured worker was diagnosed as having degenerative cervical intervertebral disc, degenerative lumbar/lumbosacral intervertebral disc, and lumbago. Treatment to date has included heat, massage, bracing, psychiatric follow-up, and medication. Currently, the injured worker complains of chronic low back pain and neck pain with radiation down his arms and legs, and chronic insomnia. The Primary Treating Physician's report dated June 5, 2014, noted the injured worker reported concerned that some of his medications would not be renewed, as without them he would be limited at home and at risk of requiring home health assistance. The Physician noted an attempt at a slow opiate rotation from Duragesic to Kadian was being attempted, with process delayed due to side effects and withdrawal symptoms. Physical examination was noted to show tenderness across the neck and back, with hyperkyphosis of the low back. The treatment plan was noted to continue medications including Duragesic patches, Naprosyn, Norco, Senokot, Ambien, Lidoderm patches, Protonix, and Kadian.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patches #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 112 of 127.

Decision rationale: Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested lidoderm is not medically necessary.