

Case Number:	CM15-0006682		
Date Assigned:	01/26/2015	Date of Injury:	07/09/1998
Decision Date:	03/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/12/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male who reported an injury on 07/09/1998. The mechanism of injury was due to a fall. Past medical treatment consisted of surgery, EMG/NCV, physical therapy, and medication therapy. Medications include ibuprofen 800 mg and Lidoderm 5% patches. On 08/01/2013, the injured worker underwent an MRI of the cervical spine which revealed combination of C3-4, C4-5, and C5-6 posterior disc protrusions of 1 mm to 2 mm, plus posterior element hypertrophy, ligamentum flavum hypertrophy at all 3 levels. On 11/03/2014, the injured worker complained of low back pain. The injured worker described it as stabbing and aching. Physical examination noted that the injured worker used a cane. He indicated that the cane helped somewhat for the complaints of the lower back. Upper extremity motions were normal. Medical treatment plan is for the injured worker to continue his medication therapy. Rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Lidoderm 5% patch, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: The request for one prescription of Lidoderm 5% patch, thirty count is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines state that Lidoderm patches are the only topical form of lidocaine approved. The efficacy of the medication was not submitted for review, nor was it indicated that the patches were helping with any functional deficits the injured worker had. Additionally, there were no assessments submitted for review indicating what pain levels were before, during, and after medication administration. Furthermore, there was no rationale submitted for review to warrant the request. Given the above, the injured worker did not meet the recommend guideline criteria. As such, the request is not medically necessary.