

Case Number:	CM15-0014460		
Date Assigned:	02/02/2015	Date of Injury:	04/04/2003
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/26/2015

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: Nevada, California

Certification(s)/Specialty: Anesthesiology, Pain Management

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 female who reported an injury on 04/04/2003. The mechanism of injury was not specifically stated. The current diagnosis is herniated nucleus pulposus of the lumbar spine. The injured worker presented on 12/30/2014 with a marked increase of pain in the low back. The injured worker was utilizing Lyrica 50 mg, tramadol, and Tylenol No. 3. The injured worker also reported activity limitation. There was no physical examination provided on that date. It was noted that the injured worker had difficulty rising from a seated position. Recommendations included a prescription for Tylenol No. 3 and Lidoderm patches. A Request for Authorization form was then submitted on 01/02/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

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

Decision rationale: California MTUS Guidelines recommend topical lidocaine for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or SNRI antidepressants, or an anticonvulsant such as gabapentin or Lyrica. In this case, it is noted that the injured worker is currently utilizing Lyrica. The injured worker's medication regimen is currently being titrated. There is no documentation of a failure of first line treatment prior to the initiation of topical lidocaine. There is also no strength, frequency, or quantity listed in the request. Given the above, the request is not medically appropriate.