

Case Number:	CM14-0146981		
Date Assigned:	09/15/2014	Date of Injury:	04/27/1991
Decision Date:	10/21/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 04/27/1991. The date of the utilization review under appeal is 08/26/2014. A physician office note of 05/21/2014 notes the patient was seen in followup status post an epidural injection of 01/02/2014. The patient was noted to have a history of a lumbar microdiscectomy and fusion at L4-5 and L5-S1 with removal of hardware at L4-L5. Overall medications included Norco, Flexeril, Neurontin, Lidoderm patch, Voltaren gel, and Ambien. The medications were continued, including Norco, Neurontin, Ambien, and Flexeril as well as Lidoderm patches and ketoprofen cream. Theramine was refilled and H-wave use was continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medi-Patches W/ Lidocaine #30: 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: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics states regarding topical lidocaine that this is

recommended for localized peripheral neuropathic pain. The medical records in this case outline regional or generalized pain of probable nerve root etiology. The records do not suggest localized neuropathic pain such as on a superficial level which would likely be amenable to benefit from topical lidocaine. The medical records do not support a probable benefit from topical lidocaine or a postlaminectomy syndrome or failed back syndrome. The requested treatment is not medically necessary.