

Case Number:	CM13-0050117		
Date Assigned:	12/27/2013	Date of Injury:	12/08/2008
Decision Date:	05/30/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/11/2013

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 Texas. 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 injured worker is a 43-year-old who reported an injury on December 8, 2008, secondary to heavy lifting. Current diagnoses include status post laminectomy and microdiscectomy at L4-5 on March 4, 2009 with residual right lower extremity radiculopathy, chronic pain syndrome, neuropathic pain in the lower extremities, dysesthesia along the lumbar spine scar, liver disease, gastropathy, GERD, irritable bowel syndrome, cephalgia, increased flare-up of lumbar spine and lumbar radiculitis, and acute musculoskeletal pain and spasm. The injured worker was evaluated on July 10, 2013. The injured worker reported constant pain in the lumbar spine with radiation to the bilateral lower extremities. Current medications include Percocet, Zanaflex, Neurontin, Lidoderm patch and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5 PERCENT PATCH, APPLY 1-2 PATCHES EXTERNALLY 12 HOURS ON AND 12 HOURS OFF, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first line therapy. As per the documentation submitted, the injured worker has utilized Lidoderm 5% patch since July of 2012. There is no evidence of objective functional improvement. There is also no evidence of a failure to respond to tricyclic or SNRI (serotonin and norepinephrine reuptake inhibitor) antidepressants or an anticonvulsants prior to the initiation of a topical analgesic. The request for Lidoderm 5% patch, apply one to two patches externally, twelve hours on and twelve hours off, sixty count, is not medically necessary or appropriate