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| Case Number: | CM13-0063180 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 06/22/2010 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 11/26/2013 |
| Priority: | Standard | Application Received: | 12/09/2013 |

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 Internal Medicine, 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 injured worker is a 50 year old female injured on 06/22/10 as a result of lifting and twisting resulting in complaints of low back pain with radiation of pain and weakness into the bilateral lower extremities. Diagnoses include displacement of intervertebral disc of the lumbar spine, degeneration of lumbar disc, and low back pain. Clinical note dated 11/14/13 indicated the injured worker presented complaining of low back and bilateral lower extremity pain with associated numbness and tingling in bilateral lower extremities. The injured worker reported increase lower extremity weakness, right greater than left, with occasional falls due to legs giving way. The injured worker rated pain at 10/10 with reported inability to perform activities of daily living. Documentation indicated the injured worker apprehensive regarding lumbar epidural steroid injection, surgical consultation, or acupuncture visits due to anxiety over needles. Documentation indicated the injured worker at high risk for opioid abuse due to personal history of amphetamine abuse in addition to depression. The injured worker reported taking Trazodone and Vicodin from a friend, is not taking Gabapentin, using Lidoderm for localized low back pain. Medications include Fosinopril, Amlodipine, Trazodone, Ketoprofen, Omeprazole, Lidocaine Topical, and Cyclobenzaprine. Physical examination noted limited lumbar range of motion in all planes, motor strength 5/5 in bilateral lower extremities, sensation diminished to light touch along all dermatomes in bilateral lower extremities, deep tendon reflexes 2+ bilaterally, straight leg raise positive bilaterally. The initial request was non-certified on 11/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE TOPICAL FILM 5% PATCH #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch Page(s): 56.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Lidocaine Topical Film 5% Patch #60 cannot be recommended as medically necessary.