

Case Number:	CM14-0173141		
Date Assigned:	10/23/2014	Date of Injury:	04/22/2013
Decision Date:	12/02/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/20/2014

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 & 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 injured worker is a 32 year old male with a date of injury on 4/22/2014. As per the 9/11/14 report, he presented with complaints of lumbar spine pain rated at 7/10. The pain was constant, achy, and radiated down both legs to the knees (to the outside of the knees). The examination revealed a decreased range of motion with increased pain during extension, positive toe and heel walk, and positive paraspinal tenderness to percussion. X-rays of the lumbar spine dated 5/19/14 revealed 0.3 cm retrolisthesis of L1 on L2 and 0.5cm retrolisthesis of L4 on L5. Magnetic resonance imaging of the lumbar spine dated 7/3/14 revealed degenerative changes; minimal levoscoliosis at the thoracolumbar junction; mild to moderate neuroforaminal narrowing at L5-S1; moderate spinal canal stenosis; moderate narrowing of both lateral recesses and moderate bilateral neuroforaminal narrowing at L4-5; moderate spinal canal stenosis; moderate right neuroforaminal narrowing and mild left neuroforaminal narrowing at L3-4; and edema in the L2-3, L3-4, L4-5 and L5-S1 interspinous ligaments. Facet and epidural injections as well as surgical intervention of the lumbar spine at L4-5 with decompression and fusion were recommended by neurosurgeon. Lidoderm 5% patches were recommended to refill as this was the injured worker's preferred method of pain relief. The diagnoses include lumbar spondylolisthesis; lumbar stenosis; and lumbar disc placement with radiculopathy and new onset diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30 with 2 refills: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Per the California Medical Treatment Utilization guidelines, the Lidoderm patch may be recommended for localized peripheral pain after a trial of a first-line therapy (tricyclic or serotonin norepinephrine reuptake inhibitors, anti-depressants or an antiepileptic drugs such as gabapentin or Lyrica). This is not a first-line treatment and is only Food and Drug Administration approved for post-herpetic neuralgia. This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In this case, the medical records do not demonstrate that the criteria are met. Thus, the medical necessity of the request is not established in accordance to the guidelines.