

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0189380 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 09/27/2012 |
| Decision Date: | 01/22/2015 | UR Denial Date: | 10/21/2014 |
| Priority: | Standard | Application Received: | 11/13/2014 |

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 Pain Management, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/27/12 while pulling a heavy refrigerator he injured his low back. Treatments included physical therapy. He was seen on 06/27/14. He was having low back pain rated at 7/10 with symptoms radiating into the left leg. Medications were Tramadol, Omeprazole, and Sentra AM/PM. A physical examination finding included an antalgic gait. There was diffuse lumbar paraspinal muscle and moderate lumbar facet tenderness. Straight leg raising was positive. There was decreased lumbar spine range of motion. He had decreased left lower knee strength. Imaging results were reviewed with an MRI showing left lateralized disc bulging and multilevel facet arthropathy. Authorization for a selective nerve root injection was requested. This was done on 08/25/14. He was seen by the requesting provider on 09/08/14. There had been a 25% improvement after the epidural injection. He was having low back pain radiating into the legs. His pain was rated at 6-8/10. A physical examination finding included positive straight leg raising and abnormal right lower extremity sensation. Lidoderm was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidoderm patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics Page(s): 56-57; 111-113.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating low back pain. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.