

Case Number:	CM15-0008293		
Date Assigned:	01/23/2015	Date of Injury:	12/05/2008
Decision Date:	03/30/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 12/5/08. He has reported back and right sternum injuries after falling 6 feet off a ladder. The diagnoses have included chronic pain syndrome, lumbar radiculopathy, brachial neuritis and radiculitis. Treatment to date has included medications, diagnostics, surgery and conservative measures. Currently, the injured worker complains of low back pain that radiates to lower extremities with pain in right buttocks radiating down the right lower extremity. He also has numbness and tingling and burning sensation and describes the pain as constant shock. The injured worker was awaiting approval for surgery. The only thing that allows him to function is the medications. He takes it to be able to work. The pain is worsening and there has been no significant improvement. He uses a cane to ambulate. Physical exam of the lumbar spine revealed tenderness, spasm, restricted range of motion, sensation reduced bilaterally, and straight leg raise test is positive bilaterally. The cervical spine is tender with spasm, restricted range of motion and positive spurling's test on the left. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 8/9/14 revealed disc space narrowing and desiccation, disc bulge, degenerative facet disease, there was previous laminotomy and partial facetomy, stenosis and definitive left sided nerve root impingement was not clearly identified. The electromyograph and nerve conduction studies dated 10/14/14 revealed no evidence of lumbar radiculopathy or peripheral neuropathy. The injured worker was to continue with medications. Work status was modified and adjust activities as tolerated. On 12/17/14 Utilization Review non-certified a request for Lidoderm 5% Patch, quantity:60, noting that topical lidocaine may be recommended for localized peripheral pain after

there has been evidence of a trial of first line therapy such as gabapentin or lyrica. The medical necessity has not been established. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch, quantity:60: 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 Lidocaine Page(s): 111-112.

Decision rationale: Per the MTUS guidelines, topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. In this case, a review of the medical records does not establish that the injured worker has undergone a trial of first line therapy such as tri-cyclic or SNRI anti-depressants or an anti-epileptic medication such as gabapentin or Lyrica. The request for Lidoderm 5% Patch, quantity:60 is not medically necessary.