

Case Number:	CM15-0008406		
Date Assigned:	01/26/2015	Date of Injury:	10/03/2009
Decision Date:	03/26/2015	UR Denial Date:	01/06/2015
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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old female who reported an injury on 10/03/2009. The mechanism of injury was not stated. The current diagnoses include lumbar myoligamentous injury, bilateral lower extremity radiculopathy, cervical myoligamentous injury, reaction or a depression/anxiety, bilateral carpal tunnel syndrome, and successful spinal cord stimulator trial on 06/30/2014. The injured worker presented on 02/10/2015 with complaints of persistent low back pain with radiation into the bilateral lower extremities. Upon examination of the cervical spine, there was tenderness to palpation, limited flexion and extension, full range of motion of the shoulders, decreased sensation along the lateral arm and forearm, decreased sensation along the 2nd through 4th digits bilaterally, positive Tinel's sign at the volar aspect of the wrist bilaterally, and 1+ deep tendon reflexes. Examination of the lumbar spine also revealed tenderness to palpation, pain with flexion and extension, decreased motor strength with flexion of the left hip, absent Achilles tendon reflex on the left, positive straight leg raise at 60 degrees on the left, and decreased sensation along the L4 distribution. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend lidocaine for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant such as gabapentin or Lyrica. In this case, there was no documentation of a failure of first line oral medication prior to the initiation of topical lidocaine. It is unclear how long the injured worker has utilized Lidoderm 5% patch. There is no documentation of objective functional improvement despite the ongoing use of the above medication. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.