MAXIMUS Federal Services

Case Number:	CM15-0102304		
Date Assigned:	06/04/2015	Date of Injury:	05/29/2013
Decision Date:	07/10/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/27/2015

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 60-year-old male, with a reported date of injury of 02/11/2011. The diagnoses include status post lumbar fusion, spondylolisthesis and spondylolysis at L5-S1, status post lumbar fusion with removal of hardware, and status post L3-4 through L5-S1 posterior decompression with 8mm of spondylitic/spondylolisthesis at L5-S1. Treatments to date have included oral medication, caudal injection in 10/2014, an MRI of the lumbar spine, and topical pain medication. The medical report dated 04/03/2015 indicates that the injured worker had low back pain with radiation into the left leg. His pain level was reported as 8 out of 10 without medication and 7 out of 10 with medication. It was noted that the injured worker's last caudal injection gave 60% relief for greater than six weeks. The injured worker requested to repeat the injection. The physical examination showed tenderness to palpation of the lumbar paraspinous area, decreased lumbar range of motion in all planes, lumbar surgical scar, left lumbar radicular signs, positive left straight leg raise test, and decreased sensation.The treating physician requested caudal injection with fluoroscopy and sedation, SCS (spinal cord stimulator) trial under sedation with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lioderm patch 5% 12 hrs on 12 hrs off #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111,112.

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

Decision rationale: This patient receives treatment for chronic pain involving the lower back. The patient has failed back syndrome, lumbar disc disease, and spondylolysis and spondylolisthesis at L5-S1. On exam, the patient is tender in the lower back and there is a reduction in the ROM. This review addresses a request for refills of the Lidoderm patch. Lidoderm is a patented topical delivery system containing Lidocaine, an anesthetic agent. This brand of patch is FDA approved for neuropathic pain. Lidoderm is also used off-label to treat diabetic neuropathy of the extremities. This agent is not approved for non-neuropathic pain, which is what this patient has. Lidoderm is not medically necessary.