

Case Number:	CM15-0105191		
Date Assigned:	06/09/2015	Date of Injury:	10/12/2005
Decision Date:	07/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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, North Carolina
 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 41 year old male with an industrial injury dated 10/12/2005. The injured worker's diagnoses include status post L5-S1 laminectomy/discectomy with residual in 2006, acute onset of left lumbar and lower extremity radicular pain on 6/24/2014 and medication induced gastritis. Treatment consisted of Electromyography (EMG) of the lower extremities, lumbar spine Magnetic Resonance Imaging (MRI), prescribed medications, lumbar epidural steroid injection (ESI), chiropractic treatments and periodic follow up visits. In a progress note dated 05/11/2015, the injured worker presented for follow up reevaluation. The injured worker continued to report lower back pain radiating to left lower extremity. Objective findings revealed mild distress, tenderness to palpitation of bilateral lumbar musculature with increased muscle rigidity, multiple trigger points, and decreased lumbar range of motion with muscle guarding. The treating physician noted that the injured worker was recently evaluated with surgical recommendations and is requesting a second opinion. The current treatment plan consisted of medication management, referral and follow up appointment. The treating physician prescribed 30 Lidoderm patch 5% now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Lidoderm patch 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of first-line agents (antidepressants and anticonvulsants) have been tried and failed. Lidoderm patches are only FDA approved for post-herpetic neuralgia, which this patient does not have. The medical records show that Lyrica, a first-line agent, is controlling the patient's pain, therefore the Lidoderm is not medically necessary or appropriate.