

Case Number:	CM15-0105898		
Date Assigned:	06/10/2015	Date of Injury:	05/08/2007
Decision Date:	07/13/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/02/2015

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: 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 51 year old male who reported an industrial injury on 5/8/2007. His diagnoses, and/or impressions, are noted to include: lumbar spinal stenosis, degenerative disc disease, spondylosis and radiculopathy; and a history of chronic regional pain syndrome involving the left knee. No current imaging studies are noted. His treatments have included failed pain medication toleration to Gabapentin, Lyrica and Lidoderm Patches; medication management to include Lidoderm compound cream; and rest from work. The progress notes of 5/6/2015 reported continuation of chronic, moderate-severe, radiating low back pain to the lower extremities and knees; worsened without Lidoderm cream which he states is very effective. Objective findings were noted to include appearing moderately uncomfortable, depressed and anxious; with moderate lumbar para-spinal muscle tenderness and painful, decreased range-of-motion; with moderate atrophy to the left thigh and calf; hyperalgesia of the left knee and lower leg that has patches of absent sensation; and weakness with pain in the left leg. The physician's requests for treatments were noted to include the continuation of Lidoderm compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Lidoderm cream 5% 120gm: Upheld

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

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

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication. The 1 prescription for Lidoderm cream 5% 120gm is not medically necessary and appropriate.