

Case Number:	CM15-0106246		
Date Assigned:	06/10/2015	Date of Injury:	06/10/2014
Decision Date:	07/13/2015	UR Denial Date:	05/11/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year old female, who sustained an industrial injury on June 10, 2014. She reported slipping and falling landing on her hands and knees with immediate onset of low back pain. The injured worker was diagnosed as having brachial neuritis or radiculitis, lumbago, and chronic pain syndrome. Treatment to date has included physical therapy, chiropractic treatments, massage, MRI, and medication. Currently, the injured worker complains of lower back pain and left knee pain that radiates to the left and right legs, with numbness, tingling, and weakness in the upper and lower extremities. The Treating Physician's report dated April 30, 2015, noted the injured worker rated her pain as 9/10 with zero being no pain, and 10 being the worst pain possible, with medications noted to be effective. The current medications were listed as Cyclobenzaprine, Medrox, Tramadol HCL, Lamictal, Trazodone, Tylenol EX, Zoloft, Ibuprofen, Nortriptyline, Tylenol, and Imitrex. Physical examination was noted to show the injured worker with an antalgic gait, with lumbar spine range of motion (ROM) restricted by pain, and spinous process tenderness noted at L3, L4, and L5. Lumbar facet loading was noted to be positive on the left side and negative on the right side, with tenderness over the coccyx and sacroiliac spine, and positive bilateral straight leg raise. Sensory examination was noted to show light touch sensation decreased over the lateral thigh on the left side. The treatment plan was noted to include prescriptions for Gabapentin and Lidocaine patches with Cyclobenzaprine, Lamictal, and Tramadol HCL discontinued, Tylenol and Tylenol EX changed, acupuncture scheduled, and appeal denials for left sided epidural steroid injection (ESI) and lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch #30: 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 (1) Lidoderm (lidocaine patch) page 56-57 (2) Topical Analgesics, page 111-113.

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for left knee and radiating low back pain as well as numbness, tingling, and weakness in the upper and lower extremities. Treatments have included chiropractic care with temporary relief and physical therapy without improvement. She continues to perform a home exercise program. When seen, pain was rated at 9/10. Physical examination findings included decreased and painful lumbar spine range of motion with positive facet loading. Straight leg raising was positive. There was an antalgic gait and decreased left lower extremity sensation. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. If needed, there are other topical treatments that could be considered. Therefore, Lidoderm was not medically necessary.