MAXIMUS Federal Services

Case Number:	CM15-0109697		
Date Assigned:	06/16/2015	Date of Injury:	11/08/1993
Decision Date:	07/15/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/08/2015

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(n) 49 year old male, who sustained an industrial injury on 11/8/93. He reported pain in his mid to lower back. The injured worker was diagnosed as having degeneration of thoracic disc, lumbar degenerative disc disease and myofascial pain syndrome. Treatment to date has included a thoracic epidural injection on 12/4/14 with 70% pain relief and physical therapy with little benefit. Current medications include Baclofen, Norco, Valium, Xarelto, Percocet and Lidoderm 5% patch. As of the PR2 dated 5/4/15, the injured worker reports continued 9/10 low back pain that radiates to the left leg. The pain is relieved by current medications. He has had a right knee arthroscopy since the last visit. Objective findings include tenderness to palpation of the bilateral thoracic and lumbar paraspinal muscles and ambulation with a cane. The treating physician discontinued the Norco at this visit. The treating physician requested to start Lidoderm 5% patches #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 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 for this chronic injury of 1993. There is no documentation of intolerance to oral medication. The Lidoderm patches 5% #60 is not medically necessary and appropriate.