

Case Number:	CM15-0140267		
Date Assigned:	07/30/2015	Date of Injury:	07/02/2010
Decision Date:	08/27/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/21/2015

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 55-year-old female who sustained an industrial injury on 07/02/2010. The injured worker was diagnosed with spinal stenosis, lumbar herniated nucleus pulposus and left sided radiculopathy. The injured worker is status post micro lumbar decompression of the left L3-L4 and L5-S1 in June 2013 and L4-L5 lumbar fusion, lysis of adhesions (no date documented), and micro-dissection of the cauda equine and nerve roots and exploration of fusion (no dates documented). Treatment to date has included diagnostic testing, surgery, physical therapy, lumbar steroid injections, lumbar corset and medications. According to the primary treating physician's progress report on June 10, 2015, the injured worker relates severe right low back pain and has run out of Lidoderm patches. The injured worker rates her pain level at 10 out of 10 without Lidoderm patches, which decrease her pain by 2-3 points on the pain scale. There were no objective findings noted. The injured worker received an anti-inflammatory injection to the right lower back area at the office visit. Current medications are listed as Celebrex, Nucynta ER, Zoloft and Lidoderm patch. The injured worker is on temporary total disability (TTD). Treatment plan consists of continuing medication regimen and the current request for Lidoderm patches every 2-12 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm pain patches, 1 patch every 2 hours-12 hours on affected area, QTY: 60 with 5 refills: 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 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. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidoderm pain patches, 1 patch every 2 hours-12 hours on affected area, QTY: 60 with 5 refills is not medically necessary and appropriate.