

Case Number:	CM15-0140514		
Date Assigned:	07/30/2015	Date of Injury:	03/22/2011
Decision Date:	08/27/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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:

This 54 year old woman sustained an industrial injury on 3-22-2011. The mechanism of injury is not detailed. Diagnoses include lumbar radiculopathy due to lumbar disc protrusion and stenosis. Treatment has included oral and topical medications. Physician notes dated 6-10-2015 show complaints of constant tight pain to the low back rated 5-8 out of 10 with radiation down the right leg. Recommendations include Ibuprofen, Lidocaine patch, continue home exercise program, and follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). (2) Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work-related injury in March 2011 and is being treated for constant radiating low back pain. When seen, there was decreased lumbar range of

motion with tenderness. Right straight leg raising was positive and there was decreased lower extremity sensation. Ibuprofen and Lidoderm were refilled. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there are other topical treatments that could be considered. The claimant is noted to be able to take an oral NSAID and other oral medications are also available. Lidoderm was not medically necessary.