

Case Number:	CM15-0141833		
Date Assigned:	07/31/2015	Date of Injury:	07/11/2014
Decision Date:	08/28/2015	UR Denial Date:	07/13/2015
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, 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 28 year old male, who sustained an industrial injury on 7-11-14. The injured worker has complaints of low back pain. The documentation noted tenderness to lumbar spine paraspinal and had painful range of motion. The diagnoses have included lumbar spine strain. Treatment to date has included lumbar spine X-rays showed no fractures or dislocations, disc spaces were well maintained, bone mineralization was normal; magnetic resonance imaging (MRI) of the lumbar spine on 1-8-15 impression L2-3, there was a 3 millimeter broad based left foraminal to lateral zone disc protrusion with an annular fissure, there is moderate left neuroforaminal narrowing and no facet joint hypertrophy; transcutaneous electrical nerve stimulation unit; physical therapy; acupuncture and tramadol. The request was for lidoderm patch 5% #60 with 2 refills. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #60 with 2 refills: 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
Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Lidoderm, CA MTUS states that topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Within the documentation available for review, there is no indication of localized peripheral neuropathic pain and failure of first-line therapy. Given all of the above, the requested Lidoderm is not medically necessary.