

Case Number:	CM15-0143889		
Date Assigned:	08/05/2015	Date of Injury:	04/07/2008
Decision Date:	09/18/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 58 year old female, who sustained an industrial injury on April 7, 2008. The mechanism of injury was not found in the medical records. The injured worker has been treated for low back complaints. The diagnoses have included multilevel disc herniation of the lumbar spine, bilateral foot drop-worse on the left, low back pain, lumbar radiculopathy, post-laminectomy syndrome, gastritis secondary to medication use and pemphigus secondary to previous medication use and adverse reaction. Treatment and evaluation to date has included medications, radiological studies, MRI, bone scan, computed tomography scan, caudal steroid injection, spinal cord stimulator, aquatic therapy, physical therapy and a lumbar-laminectomy. The injured worker was not working. Current documentation dated June 18, 2015 notes that the injured worker reported constant, sharp, stabbing low back pain. The pain radiated to the right buttock, lateral thigh, posterior calf and lateral foot. Associated symptoms included weakness, burning, numbness and tingling. Foot drop was present bilaterally, worse on the left. The injured workers gait was noted to be within normal limits. Examination of the lumbar spine revealed tenderness to palpation, paralumbar spasm and a decreased and painful range of motion. Atrophy was present in the quadriceps. A straight leg raise test was positive on the right. Lower extremity deep tendon reflexes were absent at the knees. Sensation to light-touch was decreased on the right, in the lateral thigh and medial calf. The treating physician's plan of care included a request for 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 5%, 1 patch every 24 hours quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 58 year old female has complained of low back pain since date of injury 4/7/2008. She has been treated with surgery, physical therapy, steroid injections, spinal cord stimulator and medications. The current request is for Lidoderm patches. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the request for Lidoderm patches is not medically necessary.