

Case Number:	CM15-0164000		
Date Assigned:	09/01/2015	Date of Injury:	08/10/2010
Decision Date:	09/30/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old male, who sustained an industrial injury on 08-10-2010. He has reported injury to the low back. The diagnoses have included chronic pain syndrome; post-laminectomy syndrome, lumbar region; chronic left leg radicular symptoms; status post left L5-S1 discectomy, on 08-14-2010; and status post anterior and posterior fusion with instrumentation L3-S1, on 01-31-2012. Treatment to date has included medications, bracing, epidural steroid injection, acupuncture, physical therapy, and surgical intervention. Medications have included Norco, Soma, Gabapentin, Naprosyn, Percocet, Flexeril, Celebrex, Aleve, Tramadol, Ibuprofen, and Baclofen. A progress note from the treating physician, dated 06-23-2015, documented a follow-up visit with the injured worker. The injured worker reported that he continues to have lower back pain; he has numbness in the left leg from the knee down; and he still has some pain in his left testicle. It is noted in the documentation that previous acupuncture sessions were beneficial to the injured worker. Objective findings included decreased lumbar spine ranges of motion; there is left testicular tenderness; there is paralumbar tenderness from L2 to L5-S1 with slight spasm; and there is no sacroiliac or trochanteric tenderness. The treatment plan has included the request for Lidoderm patch 5%, apply 1-3 per day #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, apply 1-3 per day #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 08-10-2010. He has reported injury to the low back. The diagnoses have included chronic pain syndrome; post-laminectomy syndrome, lumbar region; chronic left leg radicular symptoms; status post left L5-S1 discectomy, on 08-14-2010; and status post anterior and posterior fusion with instrumentation L3-S1, on 01-31-2012. Treatment to date has included medications, bracing, epidural steroid injection, acupuncture, physical therapy, and surgical intervention. The medical records provided for review do not indicate a medical necessity for Lidoderm patch 5%, apply 1-3 per day #90 with 3 refills. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. The MTUS states that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The medical records do not indicate the injured worker is being treated for post-herpetic neuralgia.