

Case Number:	CM15-0164842		
Date Assigned:	09/22/2015	Date of Injury:	03/06/2009
Decision Date:	10/27/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 56 year old male who sustained an industrial injury on 03-06-2015. Diagnoses include chronic pain syndrome, lumbago, cervical sprain-strain, lumbar sprain-strain, lumbar disc herniation with radiculitis and cervical radiculopathy. A physician progress note dated 07-14-2015 documents the injured worker complains of continued upper back pain. He rates his pain as 6 out of 10. It was recommended he taper off the Norco and Flexeril but he is unable to get out of bed without his medications. He has intermittent bilateral hand numbness. On examination there is tenderness and spasms of eh cervical and lumbar paraspinals and trapezius muscles. He has decreased range of motion. Lidocaine patches are very helpful in reducing his pain. He has started going to the gym concentrating on flexibility. Treatment to date has included diagnostic studies, medications, and transforaminal epidural steroid injections. He is not working. His current medications include Fenoprofen, Prilosec, Docusate, Norco and Flexeril. Norco and Flexeril are recommended to taper. A Magnetic Resonance Imaging of the lumbar spine on 02-05-2014 revealed disc desiccation and disk bulging measuring 1.5mm at L3-4, L4-5, and L5-S1 levels. The treatment plan included the continuation of tapering the Norco slowly. He will continue with the Fenoprofen for pain, continue Prilosec for gastritis, continue Docusate Sodium for constipation, taper Flexeril form muscle tension and spasms slowly, and Theramine. On 07-24-2015 the Utilization Review non-certified the requested treatment for Lenza patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenza Patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Per the guidelines, topical lidocaine may be 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). This 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. Lidoderm is FDA approved only for post-herpetic neuralgia and the worker does not have that diagnosis. The medical records do not support medical necessity for the prescription of Lenza patch in this injured worker.