

Case Number:	CM15-0187791		
Date Assigned:	09/29/2015	Date of Injury:	06/21/1992
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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:

This 58-year-old female sustained an industrial injury on 6-21-92. Documentation indicated that the injured worker was receiving treatment for lumbar disc degeneration and spinal stenosis. Previous treatment included lumbar fusion, physical therapy, home exercise and medications. In a pain management follow-up report dated 1-8-15, the injured worker complained of low back pain rated 7 out of 10 on the visual analog scale. The injured worker stated that her pain had remained unchanged since her last visit on 9-25-14. The injured worker also complained of headaches but she was not sure if they were due to medications. The injured worker stated that medications helped with pain. Physical exam was remarkable for lumbar spine with tenderness to palpation in the paraspinal musculature with guarding, severe tenderness to palpation to bilateral lumbar facets, positive bilateral sacroiliac joint tenderness to palpation, positive bilateral Fabere's test and positive right sacroiliac thrust test, "decreased" sensation along the L3 to L4 distribution bilaterally and along the left L5 distribution and 4 out of 5 bilateral plantar flexor, foot evertor and foot invertor strength. Lumbar range of motion was not documented. The injured worker walked with a wide-based gait and performed heel-toe walk "with difficulty secondary to pain". The physician noted that urine drug screen on 9-25-14 was positive for Norco and Oxymorphone. The treatment plan included continuing medications (Ambien, Nexium, Norco, Opana ER, Motrin, Lidoderm patches and Robaxin). In the most recent documentation submitted for review, a pain management follow-up evaluation dated 4-16-15, the injured worker complained of pain to the thoracic spine, lumbar spine left leg and bilateral hips, rated 7 out of 10. The injured worker stated that her pain had remained unchanged since her last

visit. Physical exam was unchanged with the exception of positive bilateral straight leg raise, lumbar spine range of motion: right lateral bend 20 degrees, left lateral bend 25 degrees, flexion 60 degrees and extension 10 degrees with "severe" pain in all directions. The physician documented that urine drug screen on 1-8-15 was consistent with prescribed medications. The physician provided topical compound cream containing Gabapentin in an effort to alleviate radiculopathy. The treatment plan included refiling medications (Ambien, Nexium, Norco, Opana ER, Motrin, Lidoderm patches and Robaxin) and continuing home exercise. On 9-3 15 Utilization Review noncertified, a request for Lidoderm 5% patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine) 5% 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).

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants as the last available document made available for review is from April 2015. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidoderm (Lidocaine) 5% patches #30 is determined to not be medically necessary.