

Case Number:	CM15-0188432		
Date Assigned:	09/30/2015	Date of Injury:	08/22/2012
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 39 year old male with an industrial injury date of 08-22-2012. Medical record review indicates he is being treated for low back pain, clinically consistent lumbar radiculopathy, lumbar facet pain, left knee pain and status post left knee debridement of patellar tendon. Subjective complaints (09-08-2015) included low back pain rated as 4 out of 10 "mostly radiating to the anterior aspect of the right thigh." The pain is described as "dull, achy" type of pain. "Current medication is helping for pain." "Trazodone causes bloating feeling but it helps for sleep. Work status is documented on 09-08-2015 as "modified work. Prior treatment included medications, physical therapy, epidural, facet injections, back brace and TENS unit. His medication included Trazodone and Nabumetone. The treating physician recommended Lidoderm patch. Review of medical records does not indicate prior treatment with Lidoderm patch. Objective findings (09-08-2015) noted spasms in the lumbar paraspinal muscles with tenderness in the right posterior superior iliac spine. Sensory was normal to light touch in bilateral lower extremities with strength documented as 5 out of 5 in bilateral lower extremities. On 09-18-2015 the request for Lidoderm 5% patch #60 was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #60: 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: Regarding request for Lidoderm 5% patch #60, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed all first-line therapy recommendations. Finally, there is no documentation on exam of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidoderm 5% patch #60 is not medically necessary.