

Case Number:	CM15-0191311		
Date Assigned:	10/05/2015	Date of Injury:	07/14/2006
Decision Date:	11/16/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/29/2015

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:

This is a 49-year-old female with a date of industrial injury 7-14-2006. The medical records indicated the injured worker (IW) was treated lumbar herniated nucleus pulposus; low back syndrome; sciatica; and sacroiliac ligament sprain-strain. In the progress notes (6-23-15 and 8-25-15), the IW reported constant pinching pain in the low back. Medications included Ibuprofen (with benefit), Lidoderm patch (with benefit; since about 6-23-15), Soma and Vicodin. On examination (6-23-15 and 8-25-15 notes), her gait was stiff. Lumbar range of motion was painful. There was lumbar paravertebral tenderness with spasm. Seated straight leg raising was negative bilaterally. Sensation and circulation was intact in the lower extremities. The IW was on modified duty. Treatments included medications and home exercise, heat and ice. A Request for Authorization dated 9-9-15 was received for Lidoderm patches 5%, 3 boxes (12 hours on and 12 hours off). The Utilization Review on 9-16-15 modified the request for Lidoderm patches 5%, 3 boxes (12 hours on and 12 hours off).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, 3 boxes, 12 hours on 12 hours off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: The injured worker sustained a work related injury on 7-14-2006. The medical records provided indicate the diagnosis of lumbar herniated nucleus pulposus; low back syndrome; sciatica; and sacroiliac ligament sprain-strain. Treatments have included Ibuprofen (with benefit), Lidoderm patch (with benefit; since about 6-23-15), Soma and Vicodin. The medical records provided for review do not indicate a medical necessity for Lidoderm patch 5%, 3 boxes, 12 hours on 12 hours off. The Topical Analgesics are largely drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm patch is a topical analgesic containing 5% Lidocaine. It is only recommended for treatment of post-herpetic neuralgia, but for any other type of pain, including chronic neuropathic pain disorders. The Medical records do not indicate the injured worker is being treated for post-herpetic neuralgia. The request is not medically necessary.