

Case Number:	CM15-0192854		
Date Assigned:	10/09/2015	Date of Injury:	01/01/1982
Decision Date:	11/25/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/30/2015

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, California

Certification(s)/Specialty: Family Practice

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 injured worker is a 62 year old female who reported an industrial injury on 1-1-1982. Her diagnoses, and or impressions, were noted to include: lumbar facet syndrome; post-lumbar laminectomy syndrome; lumbar degenerative disc disease; spasms of muscle; pain disorder with both psychological factors and orthopedic condition. No current electrodiagnostic studies, computed tomography, or magnetic imaging studies were noted; all done in 2001, 2003 & 2004). Her treatments were noted to include: multi-level fusion (2004); caudal epidural steroid injection (9-18-14); lumbar facet joint injections (2007, 2009, 2010, 2012, 2-21-14 & 7-10-15) - effective with > 65% pain relief following completion; pool therapy; 18 sessions physical therapy; spinal cord stimulator; medication management with toxicology studies; and rest from work. The progress notes of 8-26-2015 reported: left > right lower backache, rated 5 out of 10 with medication, that had decreased since her previous visit; and poor quality sleep. The objective findings were noted to include: that she appeared tearful, fatigued and in moderate pain; an antalgic gait without use of assistive device; and tenderness of the bilateral lumbar paravertebral muscles, with positive bilateral facet loading, and restricted lumbar range-of-motion from pain; and that she was deferring the approved spinal cord stimulator while awaiting facet injections; and that she was stable on her current medication regimen for an extended period of time, reporting optimal function. The medication list includes Celexa, Daypro, Trazodone, Soma, Ambien, Kadian, Gralise, Norco and Lidoderm. On review of system patient do not have any complaints of gastrointestinal tract. The patient has had history of GERD and CA breast. The patient had knee replacement on 5/21/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm: Overturned

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

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

Decision rationale: Per the cited 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". Her diagnoses, and or impressions, were noted to include: lumbar facet syndrome; post-lumbar laminectomy syndrome; lumbar degenerative disc disease; spasms of muscle; pain disorder with both psychological factors and orthopedic condition. Her treatments were noted to include: multi-level fusion (2004). The patient had a knee replacement on 5/21/15. The progress notes of 8-26-2015 reported: left > right lower backache, rated 5 out of 10 with medication. The objective findings were noted to include: that she appeared tearful fatigued and in moderate pain; an antalgic gait without use of assistive device; and tenderness of the bilateral lumbar para-vertebral muscles, with positive bilateral facet loading, and restricted lumbar range-of-motion from pain. Therefore there is an evidence of significant abnormal objective findings. She is already taking anticonvulsants including gabapentin and antidepressants including Celexa and trazodone. The patient has had history of GERD, so she is less likely to tolerate oral NSAIDS. She also has a history of CA breast. The request for topical Lidoderm is medically necessary and appropriate in this patient at this time.