

Case Number:	CM15-0205351		
Date Assigned:	10/22/2015	Date of Injury:	03/29/2013
Decision Date:	12/04/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old male, who sustained an industrial injury on 3-29-13. The injured worker was diagnosed as having chronic strain of the lumbar spine with a 5mm disc out of place at L4-L5. Subjective findings (4-6-15, 6-1-15 and 8-10-15) indicated back pain radiating down the leg. The injured worker rated is pain 7 out of 10 at rest and 10 out of 10 with activity. Objective findings (4-6-15, 6-1-15 and 8-10-15) revealed decreased lumbar range of motion and tight muscle spasms in the lower back. The treating physician noted tenderness on palpation of the bilateral paravertebral muscles and a positive straight leg raise test bilaterally. As of the PR2 dated 9-21-15, the injured worker reports 8 out of 10 pain at rest and 10 out of 10 pain with activity. He did not indicate any specific area of bodily pain. Objective findings include decreased lumbar range of motion and tight muscle spasms in the lower back. The treating physician recommended starting Lidoderm patches. Treatment to date has included acupuncture, physical therapy, chiropractic treatments, an EMG-NCV of the lower extremities on 8-27-15 with normal results and Norco. The Utilization Review dated 10-7-15, non-certified the request for Lidoderm patches 5% #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5%, quantity 1: Upheld

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: The claimant sustained a work injury in March 2013 when he had low back pain while delivering groceries. An MRI of the lumbar spine in June 2013 included findings of multilevel disc protrusions. When seen, electrodiagnostic testing had been normal. He had pain rated at 8/10. Physical examination findings included a body mass index over 35. There was limited lumbar range of motion. Neural tension testing was positive bilaterally. There were tight low back muscle spasms. He was at permanent and stationary status and unable to return to work at his prior occupation. Vocational rehabilitation was recommended. Norco was refilled and Lidoderm was prescribed. He had a diagnosis of a chronic lumbar strain / sprain with lumbar disc displacement. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not medically necessary.