

Case Number:	CM15-0207241		
Date Assigned:	10/26/2015	Date of Injury:	09/23/2011
Decision Date:	12/14/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/21/2015

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, North Carolina
 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:

The injured worker was a 59 year old female, who sustained an industrial injury, September 23, 2011. The injured worker was undergoing treatment for low back pain, spondylolisthesis, lumbar radiculopathy and spinal and lumbar degenerative disc disease and muscle spasms. According to progress notes of August 14, 2015 and September 14, 2015 the injured worker's chief complaint was pain with medications as 6 out of 10 and without pain medications 7 out of 10. The injured worker had no other symptoms other than pain. The injured worker was having poor quality of sleep. The injured worker reported with medications was able to function better with activities of daily living. The physical exam noted the injured worker to have mild pain. The injured worker showed no signs of intoxication or withdrawal. The injured worker had an antalgic gait. The examination of the lumbar spine noted no limitation with range of motion. Palpation of the paravertebral muscles, hypertonicity, spasms, tenderness, tight muscle band and trigger point (twitch response was obtained along with radiating pain on palpation) were noted on the right side. Lumbar facet loading was positive on both sides. At the August 14, 2015 visit Norco was discontinued and Percocet was ordered. The injured worker reported Percocet was helpful for the pain control. The injured worker previously received the following treatments Ibuprofen, Lidoderm Patches since March 27, 2015, Norco had been denied for one year according to the progress note of August 14, 2015 the injured worker was paying out of pocket for it, Prevacid, Pennsaid 2% pump, Flexeril, physical therapy and urine drug screening was consistent with medication list. The RFA (request for authorization) dated September 14, 2015; the following treatments were requested a prescription for Lidoderm Patches 5% #30. The UR (utilization

review board) denied certification on September 21, 2015; for a prescription for Lidoderm Patches 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

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

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

Decision rationale: This is a request for Lidoderm 5% patches for a patient with chronic low back pain. Lidoderm is recommended for localized peripheral pain, such as found with post-herpetic neuralgia. There should be documentation of trials and failures of first-line agents (antidepressants, anticonvulsants) prior to use of Lidoderm. In this case there is no documentation of failure of first-line agents. The medical records do not document a diagnosis of neuropathic pain and the patient does not have post-herpetic neuralgia. In addition there is no documentation of improved function with the use of Lidoderm. Therefore the request is not medically necessary or appropriate.