

Case Number:	CM15-0020476		
Date Assigned:	02/10/2015	Date of Injury:	02/02/2013
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/03/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 32 year old male, who sustained an industrial injury on February 2, 2013. The injured worker has reported neck and low back pain. The diagnoses have included lumbar herniated nucleus pulposus, lumbar radiculopathy, lumbar stenosis, lumbar pain and cervical pain. Treatment to date has included pain medication, electromyography, MRI and physical therapy. Current documentation dated December 15, 2014 notes that the injured worker complained of cervical pain with bilateral shoulder, arm and hand pain worse on the left side. The neck pain is described as aching and throbbing. Associated with the pain was trapezial / hand weakness and pins and needles. The injured worker was noted to have multiple episodes a day. He also complained of lumbar pain radiating into the legs , worse in the left leg. Associated symptoms included buttock pain, leg pain and weakness, numbness and tingling and a needles sensation of the bilateral posterior legs. Physical examination revealed tenderness to palpation of the lumbar spine with decreased range of motion. The injured worker was noted to have a greater trochanter bursitis of the left hip. No physical examination of the cervical spine was noted. On January 19, 2015 Utilization Review non-certified a request for Lidoderm 5% Patches # 20 for chronic pain of the lumbar spine as an outpatient. The Official Disability Guidelines were cited. On February 3, 2015, the injured worker submitted an application for IMR for review of Lidoderm 5% Patches # 20 for chronic pain of the lumbar spine as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch, Quantity: 20, Refills: None, for Submitted Diagnosis of Chronic Pain Related to Lumbar Spine, as an Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed, McGraw Hill, 2010. Physician's Desk Reference, 68th Ed., www.RxList.com, and Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com, Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator - ADMD Agency Medical Director's Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 32 year old male has complained of neck and low back pain since date of injury 2/2/13. He has been treated with physical therapy and medications. The current request is for Lidoderm 5% patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Lidoderm patch is not indicated as medically necessary.