

Case Number:	CM15-0021803		
Date Assigned:	02/11/2015	Date of Injury:	04/13/2011
Decision Date:	04/21/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/05/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 33 year old female, who sustained a work related injury on 4/13/11. The diagnoses have included low back pain, herniated disc, sciatica and lumber radiculopathy. Treatments to date have included right sacroiliac joint block and right/left nerve root blocks on 12/2/14, lower lumbosacral spine trigger point injection on 9/3/14, caudal epidural steroid injection on 6/16/14, physical therapy, modified work duty and medications. In the PR-2 dated 1/12/15, the injured worker complains of worsening back pain over last two weeks. She has increasing pain in right leg and some into the left leg. She has tenderness and spasm to palpation of the lumbosacral spine area. She has decreased range of motion in lower back. She has numbness and tingling in right leg. The treatment plan is to request authorization for a lumbar spine MRI to determine cause of pain and to compare to one done 5/29/13. A prescription was given for Lidoderm patches. She is to continue other medications. She is to continue with modified work duty. The medications listed are Naprosyn, Percocet and Lidoderm. A Utilization Review determination was rendered recommending non certification for Lidoderm patch 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatments of localized neuropathic pain that did not respond to treatment with first line anticonvulsant and antidepressant medications. The records did not indicate subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. The patient was diagnosed with lumbar radiculopathy that is responsive to anticonvulsant medications. There is no documentation that the patient failed treatment with anticonvulsant or antidepressant medications. The criteria for the use of Lidoderm 5% # 30 were not met and therefore not medically necessary.