

Case Number:	CM15-0222023		
Date Assigned:	11/17/2015	Date of Injury:	07/14/2012
Decision Date:	12/30/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/10/2015

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 33 year old male, who sustained an industrial injury on 7-14-12. The injured worker was diagnosed as having sacroilitis, status post L2 vertebral body fracture and low back pain. Subjective findings (4-29-15, 6-12-15 and 8-6-15) indicated persistent low back pain that radiates to the right gluteal region. The injured worker rated his pain 4-5 out of 10. Objective findings (4-29-15, 6-12-15 and 8-6-15) revealed spasms in the lumbar paraspinal muscles and stiffness in the lumbar spine. There is also tenderness in the lumbar facet joints and the right posterior superior iliac spine. Current medications include Tramadol, Nortriptyline and Lidoderm pad (no previous prescriptions found). Treatment to date has included a lumbar MRI on 6-12-15 showing borderline central spinal canal stenosis at L1-L2. The Utilization Review dated 10-8-15, non-certified the request for Lidoderm pad 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Pad 5% #30: 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 July 2012 with multitrauma including an L2 compression fracture, L4 and L5 transverse process fractures, and fractures of the pelvis and right wrist. He underwent closed reduction with external fixation of the right wrist and ORIF of the pelvis. When seen he was having persistent low back pain with radiating symptoms to the right gluteal region. He had pain rated at 4-5/10. Physical examination findings included lumbar stiffness and paraspinal spasms. There was lumbar facet and right posterior superior iliac spine tenderness. Patrick's testing was positive on the right side. There was a normal neurological examination. Tramadol and Nortriptyline were prescribed. Authorization for Lidoderm is being requested. 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 for the claimant's gluteal pain. Lidoderm is not medically necessary.