

Case Number:	CM15-0224494		
Date Assigned:	11/20/2015	Date of Injury:	04/27/1987
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/16/2015

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 56 year old male, who sustained an industrial injury on 4-27-87. The injured worker has complaints of low back pain and right hip and groin pain. Straight leg raise is 30 degrees and positive on the left and right. There is pain noted over the lumbar intervertebral spaces on palpation. The diagnoses have included intervertebral disc disorders with radiculopathy, lumbosacral region. Treatment to date has included nucynta and lidoderm patch. The original utilization review (10-28-15) non-certified the request for lidoderm DIS 5% (700 mg-patch) apply 1 daily #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm DIS 5% (700 mg/patch) apply 1 daily #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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury in April 1987 and is being treated for chronic pain with a diagnosis of failed back surgery syndrome. He underwent a lumbar fusion in 1988 with bone graft that failed, an instrumented fusion in 1989, and revision fusion surgery was done in January 2013. When seen in October 2015 he was having ongoing chronic low back and right hip and groin pain. Pain was rated at 8/10. Physical examination findings included a body mass index of 29. Straight leg raising was positive. There was bilateral lumbar facet pain with palpation. There was a slow and antalgic gait with use of a cane. There was decreased and painful lumbar spine range of motion. There was decreased lower extremity calf strength. Medications were Lidoderm and Nucynta which were refilled. 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.