

Case Number:	CM15-0039246		
Date Assigned:	03/09/2015	Date of Injury:	12/22/2013
Decision Date:	04/13/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/02/2015

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: Florida

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 is a 22-year-old male who sustained an industrial injury on 12/22/2013. Current diagnoses include lumbar strain, minimal lumbar scoliosis, and herniated disc L5-S1 with radiculopathy. Previous treatments included medication management and physical therapy. Initial report of complaints included pain in the upper and lower back. Report dated 01/21/2015 noted that the injured worker presented with complaints that included continued mid back and low back pain which radiates to the back of the right leg to the knee. The pain is worse with sitting for prolonged periods of time, which improves with lying down. The injured worker also noted difficulty with sleep due to pain. Further complaints are noted of heartburn and gastrointestinal upset with ibuprofen and Tramadol use. Physical examination was positive for abnormal findings. The treatment plan included lumbar epidural steroid injection at the right L5-S1, Duexis, ibuprofen, Zantac, Lidoderm patches for low back pain. The physician noted that the patches do not have any systemic absorption to cause gastrointestinal upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocain Patch 5%) #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, page(s) 56-57 Page(s): Lidoderm, page(s) 56-57.

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested Lidoderm Patches are not medically necessary.