

Case Number:	CM15-0051180		
Date Assigned:	03/24/2015	Date of Injury:	05/12/2010
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/18/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 39 year old female, who sustained an industrial injury on 5/12/2010. She reported twisting her back to avoid cans falling from a shelf. The injured worker was diagnosed as having chronic low back pain-status post lumbar fusion and failed lumbar laminectomy syndrome. There is no record of a recent diagnostic study except what was performed during the course of placing the stimulator. Treatment to date has included epidural steroid injection, lumbar fusion, spinal cord stimulator placement with spinal fluid leak and repeat spinal stimulator placement (12/2/2004), physical therapy and medication management. Currently, the injured worker complains of continued low back pain with insomnia. In a progress note dated 12/30/2014, the treating physician is requesting Lidocaine pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% Qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 5/12/2010. The medical records provided indicate the diagnosis of chronic low back pain-status post lumbar fusion and failed lumbar laminectomy syndrome. Treatments have included epidural steroid injection, lumbar fusion, spinal cord stimulator placement with spinal fluid leak and repeat spinal stimulator placement (12/2/2004), physical therapy and medication management. The medical records provided for review do not indicate a medical necessity for Lidocaine pad 5% Qty 30 with 1 refill. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. The only recommended formulation of lidocaine is dermal patch (Lidoderm), which has been recommended only for treatment of post hepatic neuralgia. The MTUS states that no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Therefore the request is not medically necessary.