

Case Number:	CM15-0051461		
Date Assigned:	03/24/2015	Date of Injury:	10/19/2012
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male who sustained a work related injury October 19, 2012. While pulling a fruit bin approximately 300 pounds, he felt low back pain. According to a pain management physician's progress notes, dated January 19, 2015, finds the injured worker with complaints of severe left low back pain with radiation down left leg. His mood is depressed, his activity level is 3/5 due to pain and sleep is poor. Impression is documented as mild back pain secondary to myofascial pain syndrome; recurrent low back pain with left L4, L5 radicular pain secondary to lumbar degenerative disc disease and neuroforaminal stenosis with radiculitis (improves s/p epidural steroid injection); lumbar facet arthropathy; weakness and paresthesia in the left foot, secondary to lumbar nerve root irritation. Treatment plan included continue medications, begin Lidocaine patches, and encouraged to perform home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 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 Topical Lidoderm Page(s): 112.

Decision rationale: MTUS recommends topical Lidoderm only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. Radicular pain i.e. of nerve root origin is not likely amenable to topical Lidoderm. This request is not medically necessary.