

Case Number:	CM15-0062088		
Date Assigned:	04/08/2015	Date of Injury:	06/04/2003
Decision Date:	05/07/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	04/01/2015

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: 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 47-year-old male with an industrial injury dated 06/04/2003. His diagnoses include cervical radiculitis, failed back surgery syndrome (lumbar), lumbar radiculopathy, status post fusion of lumbar spine at lumbar 4-5, status post lumbar laminectomy lumbar 4-5 and gastritis. Prior treatments include TENS unit, interferential unit, spinal cord stimulator and medications. He presents on 02/16/2015 with complaints of neck pain radiating down bilateral upper extremities. He also complained of ongoing headaches and low back pain radiating down the bilateral lower extremities. Physical exam revealed the injured worker in moderate distress using a cane to ambulate. There was tenderness upon palpation of the cervical spine with range of motion moderate to severely limited due to pain. There was also tenderness of the lumbar spine with moderately limited range of motion secondary to pain. The treatment plan included home exercise program, medications, pain patch and continued use of TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113. Decision based on Non-MTUS Citation ODG, Pain, Lidoderm (Lidocaine patch), page 751.

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine radiating to extremities. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The request is not medically necessary and appropriate.