

Case Number:	CM15-0062279		
Date Assigned:	04/08/2015	Date of Injury:	11/02/2010
Decision Date:	05/07/2015	UR Denial Date:	03/12/2015
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: Emergency 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 35-year-old female, who sustained an industrial injury on 11/2/10. The injured worker has complaints of lower back pain radiating to left lower extremity. The diagnoses have included lumbar sprain/strain; lumbar discogenic syndrome; sacroiliac ligament sprain/strain and piriformis syndrome. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine; electromyography/nerve conduction study; tylenol as needed for pain; transcutaneous electrical nerve stimulation unit; lidoderm patches for pain, but she does not feel like they are helping much and epidural injection. The documentation noted that the injured worker had a vaginal delivery without complications on 1/5/15 and that LidoPro patch is being requested avoid too many oral pain medications and she is currently breast-feeding and Lidoderm patches don't work well.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Patch #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Lidoderm, Pages 56-57.

Decision rationale: The requested LidoPro Patch #15, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has lower back pain radiating to left lower extremity. The provider noted that the injured worker is breast-feeding and is trying to avoid oral medications, and Lidoderm patch was ineffective. The criteria noted above having been met, LidoPro Patch #15 is medically necessary.