

Case Number:	CM15-0081724		
Date Assigned:	05/04/2015	Date of Injury:	07/20/2002
Decision Date:	06/02/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/28/2015

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: 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:

This 64 year old female sustained an industrial injury to the back on 7/20/02. Previous treatment included magnetic resonance imaging, physical therapy, sacroiliac joint injections and medications. In a PR-2 dated 3/31/15, the injured worker complained of ongoing back pain and stiffness rated 8-9/10 on the visual analog scale. The injured worker also complained of pain to bilateral hips, right knee and right elbow. Current diagnoses included chronic lumbosacral pain with secondary myofascial pain and status post multiple sacroiliac joint injections. The treatment plan included a physician evaluation for consideration of sacroiliac joint surgery and medications (Ambien, Cymbalta, Lidoderm patch and Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidocaine Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56.

Decision rationale: According to the MTUS, Lidoderm 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. Lidoderm 5% #30 with 3 refills is not medically necessary.