

Case Number:	CM15-0082038		
Date Assigned:	05/04/2015	Date of Injury:	03/15/2011
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female with an industrial injury dated 3/15/2011. The injured worker's diagnoses include lumbar radiculopathy. Treatment consisted of MRI of lumbar spine, urine toxicology, x-ray of bilateral hips & lumbar spine, prescribed medications, epidural steroid injection (ESI) and periodic follow up visits. In a progress note dated 3/25/2015, the injured worker rated her pain with medications as 8/10 and a 10/10 without medications. The injured worker reported increase activity level and that her sacroiliac (SI) injection worked well. Objective findings revealed radiating pain on palpitation of the lumbar spine, trigger point twitch response, and tenderness over the coccyx posterior iliac spine and sacroiliac spine. The treating physician prescribed Lidoderm 5% patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch once patch to skin QD count #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

Decision rationale: The claimant is more than four years status post work-related injury and continues to be treated for lumbar radiculopathy. When seen, pain was rated at 10/10 without medications and 8/10 with medications. She was having difficulty sleeping. There had been improvement after a sacroiliac joint injection. She was considering trying to return to sedentary work. Physical examination findings included low back and coccyx tenderness with trigger points. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm is not medically necessary.