

Case Number:	CM15-0082976		
Date Assigned:	05/05/2015	Date of Injury:	05/09/2008
Decision Date:	06/17/2015	UR Denial Date:	04/01/2015
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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 year old male, who sustained an industrial injury on 5/9/08. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbosacral strain/arthrosis with central foraminal stenosis. Treatment to date has included physical therapy; epidural steroid injections lumbar; medications. Diagnostics included MRI lumbar spine (8/27/13). Currently, the PR-2 notes dated 3/9/15 indicated the injured worker complains of numbness and tingling down the right leg that was not improved and has intermittent radicular symptoms of the left leg. The right is greater in pain and radicular symptoms than the left. Objective findings reveal tenderness to palpation on the lumbar spine. There are positive bilateral straight leg raise with right greater than the left. The injured worker walks with a mild antalgic gait secondary to low back pain. The neurovascular testing notes intact for the bilateral lower extremities. The notes document the injured worker was denied lumbar surgery and requested physical therapy and will maintain the injured worker's pain with medications and conservative treatment until the surgery can be approved. The provider is requesting Lidoderm patch 5% 1 box 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% 1 box 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. CA MTUS states that Lidoderm patches may be recommended for localized peripheral pain after evidence of a trial of first-line agents. Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case the patient does not have demonstrated neuropathic pain and there is no documentation of failure of first-line agents, therefore the request is deemed not medically necessary.