

Case Number:	CM15-0083645		
Date Assigned:	05/05/2015	Date of Injury:	10/14/2002
Decision Date:	06/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/01/2015

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, 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 56-year-old male, who sustained an industrial injury on October 14, 2002. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included status post lumbar surgery and rule out lumbar disc injury. Treatment to date has included medications, radiological studies, physical therapy, lumbar brace, transcutaneous electrical nerve stimulation unit and lumbar surgery. Current documentation dated March 9, 2015 notes that the injured worker reported low back pain with intermittent lower extremity symptoms. The pain was rated a six out of ten on the visual analogue scale with medications. The current medication regime allowed the injured worker to tolerate activities and improve his level of function. Objective findings included tenderness of the lumbar spine and a decreased range of motion. Range of motion percent of normal included: flexion sixty-extension fifty, left and right rotation fifty, left, and right lateral tilt forty percent. Spasms of the lumboparaspinal musculature were noted to be decreased. A straight leg raise test was positive. The treating physician's plan of care included a request for Lidoderm patches 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Dis patches 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 67, 68, 78, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors (PPIs).

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

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, there is no documentation of localized peripheral neuropathic pain as recommended by guidelines. As such, the currently requested Lidoderm is not medically necessary.