

Case Number:	CM14-0151572		
Date Assigned:	09/19/2014	Date of Injury:	11/07/2005
Decision Date:	11/26/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 11/7/2005. Per primary treating physician's progress report dated 7/31/2014, the injured worker complains of lower back pain. Her symptoms are active and the severity is severe. Her lower back pain is aggravated by physical activity and relieved by medication. Pattern is persistent and occurs in constant course. Location of symptom is on the right. Radiofrequency neurotomy of the right L3, L4 and L5 on 1/23/2013 provided 60% relief of her familiar right low back pain and radiating right lower extremity pain. Previous neurotomies of the same area x3 have provided similar relief for up to seven to eight months. Last one was 11/6/2014. The only time she has more severe pain now is with prolonged standing, greater than 30 min, or sitting. She continues to note bilateral greater trochanter bursitis hip pain. She receives bilateral GTB injections every three months. She rates her pain at 7/10, last was 4/10. She has noted pain in her lumbar spine has slowly been returning. She has had more pain to her left foot. She is taking Norco 5/325, which provides adequate analgesia, often needing two at a time. The onset of Norco is 1 hour and provides 50% relief for 2.5-3 hours. She is able to walk further, but then her left foot pain returns. On examination Diagnoses include 1) degenerative disc disease thoracic 2) facet syndrome, right low back L4-5, L5-S1 3) trochanteric bursitis 4) degenerative disc disease lumbar 5) myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 2 for 12 on, 12 hr off #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) section Page(s): 56, 57.

Decision rationale: This request is for a prescription refill. Lidoderm is a Lidocaine patch providing topical Lidocaine. The MTUS Guidelines recommend the use of topical Lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. There are also no reports of the efficacy of this medication in reducing pain intensity, improved function, or reduction of other pain medications. The request for Lidoderm 2 for 12 on, 12 hr off #60 is determined to not be medically necessary.