

Case Number:	CM14-0213028		
Date Assigned:	12/30/2014	Date of Injury:	06/17/2000
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 54-year-old woman with a date of injury of 06/17/2000. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 11/24/2014 indicated the worker was experiencing lower back pain. Documented examinations consistently described tenderness and spasm in the lower back muscles with referral to the buttocks, decreased motion in the lower back joints, positive testing involving raising the straightened left leg, positive left Patrick's testing, and decreased sensation and strength in the left leg. The submitted and reviewed documentation concluded the worker was suffering from degenerative lumbosacral disc(s) with displacement, thoracic or lumbar spondylosis, chronic pain syndrome, left facet joint pain, chronic coccygeal pain, insomnia, esophageal reflux, muscle spasm, and dysesthesia. Treatment recommendations included heat and ice therapy, rest, continued home exercise program, medications, and follow up care. A Utilization Review decision was rendered on 11/24/2014 recommending non-certification for twenty Lidoderm (lidocaine) 5% patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% # 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Lidocaine and Topical Analgesics. Page(s): 56-57, 112.

Decision rationale: The MTUS Guidelines describe topical lidocaine is recommended to treat localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation concluded the worker was suffering from degenerative lumbosacral disc(s) with displacement, thoracic or lumbar spondylosis, chronic pain syndrome, left facet joint pain, chronic coccygeal pain, insomnia, esophageal reflux, muscle spasm, and dysesthesia. There was discussion indicating the worker had failed first line treatments or describing special circumstances that sufficiently support this request. In the absence of such evidence, the current request for twenty Lidoderm (lidocaine) 5% patches is not medically necessary.