

Case Number:	CM15-0105142		
Date Assigned:	06/09/2015	Date of Injury:	04/19/2012
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: Emergency 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 33 year old female who sustained a work related injury April 19, 2012. While lifting a tree trunk and placing it on his right shoulder, he felt immediate pain in the lower back, mid back, and neck area with numbness and weakness in his right leg. A primary treating physician's progress report, dated May 7, 2015, finds the injured worker presented with the same low back pain with numbness in both legs. He is s/p L3-L4 microdiscectomy May 2014. The pain is constant and throbbing and radiates to the bilateral lower extremities, right greater than left with numbness/tingling/burning/weakness to the bilateral feet, right greater than left. Neck and upper back pain are present, occasionally radiating to the bilateral upper extremities with numbness and tingling to the bilateral hands. Frequent headaches are present to forehead and bilateral temples. Diagnoses are lumbar sprain/strain; lumbar or thoracic neuritis or radiculitis unspecified; cervical sprain/strain; NSAID's (non-steroidal anti-inflammatory drugs) induced gastritis. At issue, is the request for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidoderm patches 5% #30: Upheld

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

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

Decision rationale: The requested 1 prescription of Lidoderm patches 5% #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has low back pain with numbness in both legs. He is s/p L3-L4 microdiscectomy May 2014. The pain is constant and throbbing and radiates to the bilateral lower extremities, right greater than left with numbness/tingling/burning/weakness to the bilateral feet, right greater than left. Neck and upper back pain are present, occasionally radiating to the bilateral upper extremities with numbness and tingling to the bilateral hands. Frequent headaches are present to forehead and bilateral temples. The treating physician has not documented failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, 1 prescription of Lidoderm patches 5% #30 is not medically necessary.