

Case Number:	CM15-0016238		
Date Assigned:	02/04/2015	Date of Injury:	12/02/2001
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old male who reported an injury on 12/21/2001. The mechanism of injury involved repetitive heavy lifting. The current diagnoses include lumbar degenerative disc disease, status post decompression at L4-5 on 11/14/2002, status post right carpal tunnel release, spinal cord stimulator placement on 11/10/2005 with revision on 02/02/2009 and removal on 02/01/2010, right lateral epicondylitis, medication induced constipation, status post lumbar interbody fusion on 03/06/2012 with removal of hardware on 09/19/2013, status post left knee arthroscopy on 10/10/2012 and medication induced gastritis. The injured worker presented on 12/08/2014 with complaints of persistent right elbow, left knee, and low back pain. The injured worker was status post epidural steroid injection at S1 on 11/20/2014 with 60% improvement in symptoms. The current medication regimen includes Norco, Valium, Soma, Prilosec, Lidoderm patch, and medical marijuana. Upon examination of the lumbar spine, there was limited range of motion, 1+ Achilles deep tendon reflexes, 4+/5 motor weakness bilaterally, decreased sensation in the L5-S1 distribution, positive straight leg raising bilaterally, and multiple trigger points with tenderness to palpation. Examination of the left knee revealed tenderness to palpation along the medial and lateral joint line with positive McMurray's sign. Examination of the right elbow revealed tenderness to palpation along the lateral epicondylar region with pain upon resisted wrist extension. Recommendations included continuation of the current medication regimen. There was no request for authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

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

Decision rationale: The California MTUS Guidelines recommend topical lidocaine after there has been evidence of a trial of first line therapy with tricyclic or SSRI antidepressants or anticonvulsant such as gabapentin or Lyrica. In this case, there was no documentation of a failure of first line oral medication. Additionally, the injured worker has continuously utilized the above medication since at least 08/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.