

Case Number:	CM15-0110163		
Date Assigned:	06/16/2015	Date of Injury:	07/09/2011
Decision Date:	07/15/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/08/2015

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

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 55 year old male, who sustained an industrial injury on 7/9/11. He reported low back pain while lifting boxes weighing about 60 pounds. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, cervical disc displacement, lumbar disc displacement and chronic pain syndrome. Treatment to date has included activity restrictions, physical therapy, lumbar epidural injections, acupuncture, TENS unit and oral medications including Motrin and Ultram. (MRI) magnetic resonance imaging of lumbar spine performed on 4/5/13 noted L2-3 posterior disc bulge with mild right foraminal, mild central canal and mild to moderate left foraminal narrowing, L3-4 broad based posterior disc bulge with mild central canal and mild to moderate bilateral foraminal narrowing and L4-5 broad based posterior disc bulge with mild central canal and mild bilateral foraminal narrowing. Currently, the injured worker complains of intermittent low back pain with radiation to left leg. He noted partial improvement in pain with epidural injections. Physical exam noted tenderness in lumbar paraspinal muscles and moderate residual tenderness over the right sacroiliac joint with restricted lumbar range of motion. The treatment plan included recommendation for Advil, Prilosec, Tylenol and topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% day supply: 30 Qty: 30 Refills: 07 Rx date 04/28/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113. Decision based on Non-MTUS Citation ODG, Pain, Lidoderm (Lidocaine patch), page 751.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidocaine pad 5% day supply: 30 Qty: 30 Refills: 07 Rx date 04/28/2015 is not medically necessary and appropriate.