

Case Number:	CM15-0110666		
Date Assigned:	06/17/2015	Date of Injury:	07/06/2011
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

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

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 45 year old female, who sustained an industrial injury on 7/6/11. The injured worker was diagnosed as having degenerative disc disease and spondylosis of the lumbar spine, lumbosacral spondylosis, arthrodesis, thoracic/lumbar neuritis/radiculitis, osteoarthritis of pelvis, traumatic arthropathy of pelvis/thigh, enthesopathy of hip region and obesity. Treatment to date has included right shoulder subacromial decompression, lumbar support, oral medications including Norco and Celebrex, Biofreeze unit and activity restrictions. Currently, the injured worker complains of low back pain and bilateral hip pain which have increased since her last visit; she reports increased, constant, severe lower back pain with radiation to her bilateral buttocks and continues down both legs associated with numbness in both feet and low back pain radiates minimally to shoulder blades she also notes severe, constant, increased bilateral hip pain with radiation to her groin regions with right hip worse than left. She is temporarily totally disabled. Physical exam noted minimally right antalgic gait, restricted lumbar range of motion and pain deeper than surface in the midline and each side of the muscles and towards the sacroiliac joint, no tenderness in groin and restricted range of motion of right and left hips. The treatment plan included continuation of Celebrex, Norco and a prescription for Lidoderm patches 5% for topical pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5%, 30 day supply, Qty 30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

Decision rationale: In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm was not medically necessary.