

Case Number:	CM15-0118485		
Date Assigned:	06/26/2015	Date of Injury:	10/25/2000
Decision Date:	08/27/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/19/2015

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: New York

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 58 year old female, who sustained an industrial injury on October 25, 2000. She reported twisting to move a table around a corner when she felt a pulling sensation in the right lower region of her back with immediate right lower extremity pain to the knee level. The injured worker was diagnosed as having lumbar failed back syndrome, other pain disorder related to psychological factors, fibromyalgia/myositis, and lumbar spine radiculopathy. Treatment to date has included chiropractic treatments, right hip injection, Intradiscal Electrothermal Therapy (IDET), x-rays, physical therapy, MRI, CT scan, lumbar fusion, SI joint injection, and medication. Currently, the injured worker complains of increasing low back pain in the right lower back. The Treating Physician's report dated May 26, 2015, noted the injured worker reported Norco and chiropractic treatments helping with the pain. The injured worker reported the pain at least an 8 on a scale of 0-10, and 10 at its worst. Physical examination was noted to show palpation of the lumbar facet with right sided pain at L3-S1, and pain noted over the lumbar intervertebral spaces on palpation. Palpable twitch positive trigger points were noted in the lumbar paraspinal muscles, with right sided pain on palpation of the bilateral sacroiliac joints, and tenderness to palpation of the greater trochanteric bursa on the right side. Pain was noted with lumbar extension and anterior flexion. The injured worker was noted to have a permanent and stationary status. The injured worker was noted to have postlaminectomy syndrome and neuropathic pain with significant radiculopathy and restless legs, with exacerbation of pain consistent with myofascial pain syndrome. The treatment plan was noted to include continued chiropractic treatments, continuing with Zanaflex for the restless leg

syndrome, medication prescriptions for Neurontin, Lidoderm patch, and Norco, and follow up with a psychological evaluation for a spinal cord stimulator (SCS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm transdermal patch 5% 700 mg, sixty count: Upheld

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

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

Decision rationale: CA MTUS is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as a tricyclic, serotonin-norepinephrine reuptake inhibitor, or Gabapentin. This medication is "not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Ongoing use of this medication requires improvement in pain or function. The IW has been using this treatment for greater than 6 months. Documentation reports increased pain and no decrease in use of other treatments. Based on lack of improvement with this medication, the request for Lidoderm patches is not medically necessary.