

Case Number:	CM15-0121256		
Date Assigned:	07/02/2015	Date of Injury:	02/10/2009
Decision Date:	07/31/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/23/2015

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:

This 46 year old male sustained an industrial injury to the low back on 2/10/09. Magnetic resonance imaging lumbar spine (11/24/14) showed a right L5-S1 broad based protrusion impinging upon the right S1 nerve root with multilevel degenerative changes. Electromyography/nerve conduction velocity test bilateral lower extremities (2/27/10) showed left sided lumbar spine radiculopathy at L5-S1. Electromyography/nerve conduction velocity test of bilateral lower extremities (1/8/15) was inconclusive. Previous treatment included heat, transcutaneous electrical nerve stimulator unit, home exercise and medications. In a PR-2 dated 5/21/15, the injured worker complained of persistent low back pain with radiation to the right lower extremity associated with numbness and tingling, rated 7/10 on the visual analog scale with medications. Physical exam was remarkable for tenderness to palpation over the lumbar paraspinal musculature with spasms. Current diagnoses included lumbar spine sprain/strain, lumbar spine degenerative disc disease, and lumbar spine radiculopathy and myofascial pain. The treatment plan included follow up with the orthopedic surgeon for possible lumbar surgery, continuing home exercise, transcutaneous electrical nerve stimulator unit and heat therapy and continuing medications (Flexeril, Gabapentin, Lidopro topical, Norco and Lidoderm patches).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Gabapentin (Neurontin, Gabarone, generic available); Opioids Page(s): 56-57, 18, and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

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 Lidoderm patch 5%, #30 is not medically necessary and appropriate.