

Case Number:	CM15-0123043		
Date Assigned:	07/07/2015	Date of Injury:	10/17/2006
Decision Date:	07/31/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/25/2015

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 59-year-old female who sustained an industrial injury on 10/17/06. Initial diagnoses and treatments are not available. Current diagnoses include lumbar degenerative disc disease. Radiographic imaging done on 02/03/15 demonstrated postoperative changes at the L3-4 and L4-5 levels with trace retrolisthesis of L3 on L4 that appears unchanged on the flexion or the extension views. Treatments to date include exercise program, anti-inflammatory medication, sleep medication, and Lidoderm patches. The injured worker currently reports clicking in the midlow back and pain with increased numbness to her left leg at night; the low back pain is aggravated by extension. She has new positional and motion related low back pain crepitus and brief pain of uncertain etiology. She has been slowly improving, swimming twice weekly, and only takes occasional anti-inflammatory medication with Lidoderm patches as needed. Physical examination is remarkable for mild low back and modest trochanteric tenderness. Hip range of motion is uncomfortable; there is symmetrical deep tendon reflexes. Treatment requested is Lidoderm patches 5% #60. Her work status is not addressed. Date of Utilization Review: 06/24/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Lidoderm (lidocaine patch).

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

Decision rationale: The claimant has a remote history of a work injury occurring in October 2006 and is being treated for back pain. When seen, she had been exercise including swimming and walking. She was occasionally taking anti-inflammatory medication. She had low back and trochanteric tenderness and pain with hip range of motion. 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.