

Case Number:	CM15-0128343		
Date Assigned:	07/15/2015	Date of Injury:	10/22/2002
Decision Date:	08/12/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/03/2015

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: Preventive Medicine, Occupational 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 61 year old male, who sustained an industrial injury on 10/22/2002. He has reported injury to the low back. The diagnoses have included low back pain with muscle spasm; limping gait; and post-laminectomy syndrome, lumbar region. Treatment to date has included medications, diagnostics, and moist heat. Medications have included Vicodin, Flexeril, Baclofen, Lidoderm 5% patches, and Ambien CR. A progress note from the treating physician, dated 01/09/2015, documented a follow-up visit with the injured worker. The injured worker reported right low back spasm and swelling for two weeks; he has been out of his muscle relaxant; the pain patches do help with the pain; and he is feeling a lot better on the patches in combination with the Flexeril. Objective findings included right paravertebral muscle spasm and tenderness; range of motion is restricted by pain; and localized vertebral tenderness. The treatment plan has included the request for 90 patches of Lidoderm 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 patches of Lidoderm 5%: Upheld

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

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

Decision rationale: According to the MTUS, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. 90 patches of Lidoderm 5% is not medically necessary.