

Case Number:	CM15-0146901		
Date Assigned:	08/07/2015	Date of Injury:	11/03/2011
Decision Date:	10/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/28/2015

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:

The injured worker is a 57-year-old male, who sustained an industrial injury on 11-03-2011. The mechanism of injury was not noted. The injured worker was diagnosed as having back contusion, lumbar degenerative disc disease, and lumbosacral or thoracic neuritis, unspecified. Treatment to date has included diagnostics, physical therapy, and medications. Currently, the injured worker complains of low back pain with radiation to the bilateral lower extremities, with shakiness-weakness to the bilateral feet. Pain level was 4 out of 10 and reflected no oral medication intake. Medications included Tylenol, Omeprazole, Lidoderm patches, and Lidopro cream. Failed use of Gabapentin was not noted. His mood was stable but he had depressive thoughts when he felt discriminated against. He was currently working full time. His musculoskeletal exam was noted as unchanged. The treatment plan included Lidoderm patches, with use noted since at least 3-2015, at which time Gabapentin was also noted. The treatment plan included continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm dis 5% #30: Upheld

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

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

Decision rationale: The patient presents on 06/29/15 with lower back pain rated 4/10, which radiates into the bilateral lower extremities. The patient's date of injury is 11/03/11. Patient has no documented surgical history directed at this complaint. The request is for LIDODERM DIS 5% #30. The RFA is dated 06/29/15. Physical examination dated 06/29/15 states that there are no changes from previous examination. The patient is currently prescribed Tylenol, Omeprazole, Lidoderm patches, and Lidopro cream. Patient is currently working full time. MTUS Guidelines, Lidoderm (Lidocaine patch) section, page 56-57 states: "Topical Lidocaine 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). MTUS Topical analgesics section, page 112 also states: Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." About the request for Lidoderm patches for this patient's chronic lower back pain with a radicular component, this medication is not supported for this patient's chief complaint. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with lower back pain with a radicular component, not a localized neuropathic pain amenable to Lidocaine patches. Without evidence of an existing condition for which topical Lidocaine is considered an appropriate treatment, continuation of this topical medication cannot be substantiated. Therefore, the request IS NOT medically necessary.