

Case Number:	CM15-0179449		
Date Assigned:	09/28/2015	Date of Injury:	10/18/2004
Decision Date:	11/03/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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 is a 71 year old female with a date of injury of October 18, 2004. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain, lumbar radiculitis, multilevel lumbar degenerative disc disease and spondylosis, moderate to severe cervical canal stenosis, neck pain, cervical degenerative disc disease, headache, carpal tunnel syndrome, chronic pain syndrome, and myofascial pain. Medical records dated June 26, 2015 indicate that the injured worker complains of neck pain and upper back pain that are better since the cervical epidural steroid injection on May 26, 2015, headaches, lower back pain, right buttock pain, and right leg pain, and that there was an increase in right hip and buttock pain and muscle spasms since receiving a steroid injection to the right trochanteric bursa the previous week. Records also indicate pain was rated at a level of 8 to 9 out of 10 and 3 out of 10 with medications. A progress note dated August 20, 2015 notes subjective complaints of neck pain, headaches, pain radiating to the arms, lower back pain radiating to the right leg, right hip pain, and pain rated at a level of 8 out of 10 and 2 to 4 out of 10 with medications. The physical exam dated June 26, 2015 reveals tenderness in the right greater trochanter, and tightness in the right buttock and right lower lumbar paraspinal muscles. The progress note dated August 20, 2015 documented a physical examination that showed no changes since the examination conducted on June 26, 2015. Treatment has included at least six sessions of physical therapy, cervical epidural steroid injection with 50-60% reduction on pain, lumbar epidural steroid injection (December 9, 2013) which helped about 60%, and medications (Norco 10-325mg four times a day, Topamax 50mg twice a day, Cyclobenzaprine 10mg twice a day as needed, Maxalt 10mg as needed since at least December of 2014; Lidoderm patches prescribed on August 20, 2015), and back bracing. The treating physician indicates that the urine drug testing dated June 26, 2015 showed results "Consistent with the pain medications being prescribed". The original utilization review (August 28, 2015) non-certified d a request for Lidoderm patches 5% #6 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch 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 Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication. The Lidoderm patches 5% #60 with 2 refills is not medically necessary and appropriate.