

Case Number:	CM15-0179969		
Date Assigned:	09/21/2015	Date of Injury:	06/18/2007
Decision Date:	10/26/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/14/2015

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: Connecticut, California, Virginia
 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 59-year-old male, with a reported date of injury of 06-18-2007. The diagnoses include lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, lumbar spondylosis without myelopathy, low back pain, sacroiliitis, cervical myofascial pain, and neck pain. Treatments and evaluation to date have included Norco, Gabapentin, microlumbar decompressive surgery, chiropractic care, physical therapy, acupuncture, Tylenol, Aleve, and Elavil. Since at least 04-2015, the injured worker was prescribed hydrocodone, Tizanidine, and Lidoderm patches. The diagnostic studies to date have included urine drug screen on 12-12-2014 with consistent findings; an MRI of the lumbar spine on 05-07-2015 which showed mild facet osteoarthritis at L2-3, moderate facet osteoarthritis and mild central canal stenosis at L3-4, circumferential disc bulge and severe facet osteoarthritis with progressive severe central canal stenosis at L4-5, and broad-based posterior disc bulge and moderate facet osteoarthritis with unchanged moderate central canal stenosis and moderate bilateral foraminal stenosis at L5-S1. The follow-up consultation report dated 08-13-2015 indicates that the injured worker complained of low back pain with radiation to the bilateral lower extremities, and rated 8 out of 10. He also complained of neck pain, rated 6 out of 10. The subjective findings were the same on 07-16-2015. It was noted that the injured worker had failed conservative treatment for the lumbar spine. The objective findings include tenderness of the lumbar spine, lumbar flexion at 40 degrees, lumbar extension at 35 degrees, left and right lateral tilt at 35 degrees, left and right rotation at 35 degrees, positive bilateral straight leg raise test, diminished sensation in the left greater than right L4, L5, S1 dermatomal distribution, tenderness of the cervical spine, and

limited cervical range of motion with pain. The treatment plan included a prescription for Lidoderm patches. The injured worker's disability status was noted as temporarily totally disabled for four weeks. The request for authorization was dated 08-04-2015. The treating physician requested one box of Lidoderm 5% patches. On 09-10-2015, Utilization Review (UR) non-certified the request for one box of Lidoderm 5% patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% 1 box: 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 MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/SNRIs or AEDs such as Gabapentin, etc. Topical lidocaine is not considered appropriate as a first-line treatment, and in this case, the chronic nature of the case brings into question the efficacy of chronic treatment. There is no considerable objective evidence of functional improvement in the provided records to support continued use of Lidoderm patches, and therefore the request for topical lidocaine at this time cannot be considered medically necessary.