

Case Number:	CM15-0064154		
Date Assigned:	04/10/2015	Date of Injury:	10/06/1996
Decision Date:	05/08/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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 55 year old female, who sustained an industrial injury on 10/06/1996. She reported a lifting type injury sustaining a back injury and subsequently underwent lumbar laminectomy in 1997 due to a diagnosis of lumbar disc herniation. Diagnoses include lumbar disc disease, radiculopathy, post-operative laminectomy/spinal cord stimulator, and intractable pain. Treatments to date include medication therapy, physical therapy, therapeutic injection and spinal cord stimulator. Currently, she complained of constant back pain controlled with medication therapy and insertion of a spinal cord stimulator. On 3/8/15, the physical examination documented a safe gait with use of a cane and decreased lumbar range of motion. The plan of care included additional physical therapy and continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenza Patch 4 Percent Patch, Qty 60 Patches with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113. Decision based on Non-MTUS Citation ODG, Pain, Lidoderm (Lidocaine patch), page 751.

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 as the patient is also on multiple other oral analgesics. The Lenza Patch 4 Percent Patch, Qty 60 Patches with 3 Refills is not medically necessary and appropriate.