

Case Number:	CM15-0068061		
Date Assigned:	04/15/2015	Date of Injury:	03/06/2009
Decision Date:	05/14/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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, Pain Management

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 32 year old female, who sustained an industrial injury on 03/06/2009. She has reported injury to the neck and low back. The diagnoses have included chronic cervical strain with bilateral chronic trapezial strain; lumbar radiculopathy; and lumbar spine disc protrusion. Treatment to date has included medications, diagnostics, lumbar epidural steroid injection, TENS (transcutaneous electrical nerve stimulation) unit, and physical therapy. Medications have included Tramadol, Flexeril, Motrin, and Lidoderm patch. A progress note from the treating physician, dated 02/27/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains persistent pain in the neck, lower back, bilateral knees, and bilateral feet; pain is rated at 6/10 on the visual analog scale; neck pain radiates into the bilateral arms; lower back pain radiates down to her left leg and tail bone; medications help with pain and muscle spasms; and Lidoderm patches reduced pain from a 6 down to a 3. Objective findings included tenderness over the cervical paraspinal muscles with decreased range of motion; straight leg testing is positive bilaterally; decreased lumbar range of motion; and decreased sensation over the left lower extremity. The treatment plan has included the request for Lidoderm Dis 5% #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Dis 5% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

Decision rationale: Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. As such, the currently requested lidoderm is not medically necessary.