

Case Number:	CM15-0074977		
Date Assigned:	04/24/2015	Date of Injury:	10/17/2014
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/20/2015

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: Emergency 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 33 year old male, who sustained an industrial injury on October 17, 2014. Several documents included in the submitted medical records are difficult to decipher. He reported intermittent left lower leg pain. X-rays were obtained and initial treatment included work modifications, non-weight bearing, crutches, elevation, a cold/hot pack, wound care, and pain medication. The initial diagnosis was left lower leg contusion and contusion of the left hip and leg. The injured worker was diagnosed as having low back pain/lumbago. Diagnostics to date has included x-rays and MRI. Additional treatment to date has included off work, a left leg walking boot, a leg cast, non-weight bearing to partial weight bearing, physical therapy, left foot brace, and non-steroidal anti-inflammatory medication. On March 10, 2015, the injured worker complains of chronic low back, which started when he was using crutches for his left foot injury and the pain has not resolved. The physical exam revealed normal deep tendon reflexes of the lower extremities, excluding the left Achilles which was not tested due to the left ankle brace. Sensation was intact. There was an antalgic gait favoring the left, forward flexed body posture, tenderness over the paraspinal muscles overlying the facet joints and sacroiliac joint on the right side midline of the lumbar spine, trigger points over the lower paraspinal, and limited range of motion with right side bending. There were mild spasms in the right lumbar area. The treatment plan includes topical pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #60 with 3 refills: Upheld

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

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

Decision rationale: The requested Lidoderm 5% patch #60 with 3 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)." It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has chronic low back, which started when he was using crutches for his left foot injury and the pain has not resolved. The physical exam revealed normal deep tendon reflexes of the lower extremities, excluding the left Achilles, which was not tested due to the left ankle brace. Sensation was intact. There was an antalgic gait favoring the left, forward flexed body posture, tenderness over the paraspinal muscles overlying the facet joints and sacroiliac joint on the right side midline of the lumbar spine, trigger points over the lower paraspinal, and limited range of motion with right side bending. There were mild spasms in the right lumbar area. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm 5% patch #60 with 3 refills is not medically necessary.