

Case Number:	CM15-0076328		
Date Assigned:	04/27/2015	Date of Injury:	11/27/1996
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/21/2015

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 39 year old male, who sustained an industrial injury on 11/27/1996. He reported injury from a fall. The injured worker was diagnosed as having chronic lumbar radiculopathy, myofascial pain syndrome, status post removal and replacement of intrathecal catheter and morphine pump, status post left knee arthroplasty, status post lumbar laminotomy and foraminotomy and left knee hardware removal. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, nerve blocks, spinal stimulator and medication management. In a progress note dated 3/24/2015, the injured worker complains of low back pain, wrist pain and left leg pain. The treating physician is requesting Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm DIS 5% #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The requested Lidoderm DIS 5% #30 with 1 refill, 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 low back pain, wrist pain and left leg pain. The treating physician has not documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm DIS 5% #30 with 1 refill is not medically necessary.