

Case Number:	CM15-0076678		
Date Assigned:	04/28/2015	Date of Injury:	11/12/2014
Decision Date:	05/26/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/22/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 11/12/2014. He reported feeling a "pop" in his back and falling down while holding up work equipment. Diagnoses include fracture of the vertebral column (thoracic spine compression fracture and an acute fracture at the T5 level per CT scan), thoracic back pain, and low back pain. Treatments to date include Naprosyn and physical therapy. Currently, he complained of increased low back pain with radiation into the buttock. On 3/2/15, the physical examination documented stiffness of the mid back, decreased lumbar range of motion and a positive straight leg raise test on the left side. The plan of care included a prescription for Lidoderm Patches topically as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #60 with three (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: In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested Lidoderm Patches are not medically necessary.