

Case Number:	CM15-0091645		
Date Assigned:	05/18/2015	Date of Injury:	12/02/1992
Decision Date:	06/17/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/12/2015

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: Preventive Medicine, Occupational 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 73 year old male who sustained an industrial injury on 12/02/1992. Current diagnoses include thoracic/lumbosacral neuritis/radiculitis, lumbar spondylosis, spinal stenosis lumbar. Previous treatments included surgery and medication management. No pain relief or functional benefit is reported from Lidoderm. Previous diagnostic studies include urine toxicology screening. Report dated 04/30/2015 noted that the injured worker presented with complaints that included low back pain. With radiation into both legs. Pain level was 7 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness in the lower lumbar, stooped posture, and difficulty straightening the spine due to pain. The treatment plan included a prescriptions for Dilaudid, Lidoderm patches, Miralax, Norco, and ducosate calcium, and return in one month for follow up. Disputed treatments include topical lidoderm 5% (700 mg patch) #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lidoderm 5% (700mg patch) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Lidodaine Page(s): 56-57.

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

Decision rationale: MTUS Guidelines supports very limited indications for the use of Lidoderm patches. Clinically, there should be peripheral localized neuropathic pain. This individual's pain is reported to be in the low back with radiation into the bilateral lower extremities, which does not fit the recommended use of Lidoderm. There are no unusual circumstances, such as significant improvement due to the Lidoderm, to justify an exception to the Guidelines. Under these circumstances, the Lidoderm 5% (700mg) patch is not supported by Guidelines and is not medically necessary.