

Case Number:	CM14-0143215		
Date Assigned:	09/10/2014	Date of Injury:	09/12/2011
Decision Date:	10/21/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 38 years old male who was injured on 09/12/11 resulting in low back pain. The mechanism of injury was not documented in the clinical notes submitted for review. Current diagnoses include chronic low back pain, lumbar sprain/strain, lumbar degenerative disc disease, and lumbar facet joint arthropathy. Clinical note dated 08/28/14 indicated the injured worker complains of bilateral low back pain, left worse than right. The injured worker is status post bilateral L4 to L5 and L5 to S1 radiofrequency nerve ablation on 07/18/14. The pain level was rated as 5 to 6/10. Pain is exacerbated by prolonged sitting, prolonged standing, lifting, twisting, driving, and any activities, lying down, coughing, sneezing, and bearing down. Physical examination revealed tenderness on the lumbar paraspinal muscles overlying the bilateral L4 to L5 and L5 to S1 facet joints. Lumbar ranges of motion were restricted by pain in all directions. Lumbar discogenic provocative maneuvers, sustained hip flexion was positive bilaterally. Current medications include Norco 10/325 milligrams and Ibuprofen 800 milligrams. The previous request for Lidoderm patch was noncertified on 08/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch, Qty 30: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first line treatment and is only FDA approved for postherpetic neuralgia. As such, this medication, Lidoderm Patch, quantity thirty is not medically necessary as it does not meet established and accepted medical guidelines.