

Case Number:	CM14-0173531		
Date Assigned:	10/24/2014	Date of Injury:	12/12/2011
Decision Date:	11/25/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/21/2014

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 Internal Medicine and is licensed to practice in California. 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 (IW) is a 27-year-old woman with a date of injury of December 12, 2011. The mechanism of injury was not documented in the medical record. Pursuant to the progress noted dated August 1, 2014, the IW presented for follow-up regarding her low back pain. She feels like she is doing better since stopping her physical therapy and starting the chiropractic treatments. She reports that the chiropractor did more in one visit than PT did in over a year. She has 5 additional chiropractic treatments to attend. She is still performing her home exercise program with some relief. She is using heat and ice for relief as needed. The IW reports that she is able to manage her pain with the Lidoderm patches. She has not needed Norco and still has the previous written prescription. The low back pain is described as aching with burning in her left leg. Her pain level without medications is 10/10 and with medications is 3/10 in intensity. Her pain is better with rest and medications. Her pain is worse with sitting, standing, walking, bending or lifting. She denies any new symptoms or neurological changes. Physical exam reveals diffuse lumbosacral tenderness to palpation with relates myofascial restrictions. Anterior pelvic tilt and increased lumbar lordosis is appreciated secondary to abdominal weakness. Sciatic notches are painful to palpation bilaterally. Sacroiliac joints are tender to palpation bilaterally. Sensation is diminished in the left L5 dermatome. Babinski's sign is negative. Patrick's sign and Gaenslen's maneuver are positive on the left. Current medications include: Lidoderm patch 5%, Norco 10/325mg, and Prilosec 20mg. The IW has been diagnosed with chronic pain syndrome, low back pain, lumbar strain, lumbar disc pain, lumbar degenerative disc disease, lumbar radiculitis, numbness, and myalgia. Treatment plan includes: Continue chiropractic treatments, HEP, medications, and moist heat and ice.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%, # 6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain section, Lidoderm

Decision rationale: Pursuant to the Official Disability Guidelines, Lidoderm patch 5% #6 is not medically necessary. Lidoderm is not recommended until after a trial of first-line therapy. The criteria for use: recommended for trial if there is evidence of localized pain consistent with a neuropathic etiology; there should be evidence of a trial of first line medicines such as the tri-cyclic or AED; and the trial of patch treatment is recommended for short-term (no more than four weeks). In this case, there is no indication of neuropathic pain localized to an area amenable to the Lidoderm patch. Additionally, there is no discussion or documentation as to first-line treatment with a tri-cyclic or AED such as Gabapentin. Consequently, Lidoderm patch 5% #6 is not medically necessary.