

Case Number:	CM14-0111521		
Date Assigned:	08/01/2014	Date of Injury:	10/21/2010
Decision Date:	10/13/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/17/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42-year-old male who sustained an industrial injury on 10-21-10. Progress report dated 6-5-14 reports continued complaints of constant, throbbing low back pain that radiates to the left glut to the left lower extremity with numbness and tingling to the foot. He has bilateral ankle pain, left rated 7 out of 10 and right rated 4 out of 10. He reports poor pain control with medications, home exercise program and TENS unit. Diagnoses include: status post traumatic fall, contusion ankle, lumbosacral joint ligament sprain and strain and status post lumbar spine surgery, status post right ankle surgery, status post left ankle surgery, lumbosacral radiculopathy and poor coping with chronic pain with sleep disturbance. Plan of care includes: continue home exercise program, continue heat therapy, continue diclofenac, Tramadol and topiramate, Lidoderm patches 5% apply 1-2 topically to affected area 12 hours on 12 hours off as needed for nerve pain #30 with 3 refills, Flexeril 10 mg, psychiatric evaluation completed with recommendation for CBT for 12 sessions. Work status: return to modified duty on 6-5-14 no lifting greater than 5 pounds, no repetitive bending stooping, no repetitive squatting, kneeling, no wading on uneven ground, no repetitive pushing pulling and no climbing duties. Follow up as previously scheduled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The claimant sustained a work injury in October 2010 and is being treated for low back pain with left sided radiating symptoms. When seen, pain was rated at 7/10 and not being controlled with medications, TENS, or a home exercise program. Physical examination findings included lumbar tenderness with full range of motion and negative straight leg raising. There was limited left ankle range of motion with dorsal tenderness. Topical medications have included menthoderm and diclofenac is being prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. In this case, other topical treatments could be considered. Lidoderm was not medically necessary.