MAXIMUS Federal Services

Case Number:	CM14-0126633		
Date Assigned:	08/13/2014	Date of Injury:	12/06/1996
Decision Date:	09/18/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/11/2014

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 52 year old female who sustained an injury on 12/06/96 when she tripped and fell sustaining an injury to the right knee. The injured worker has also been noted for complaints of low back pain as well as the development of psychological complaints as a result of chronic pain. Prior treatment has included the use of lumbar epidural steroid injections as well as facet joint injections for the lumbar spine. The injured worker is noted to have had a long history of medication use to include multiple antidepressants, anti-inflammatories, anticonvulsants, and Lidoderm topical patches. Facet joint injections were performed as recently as 07/28/14. The injured worker also received injections into the right knee that were reported as beneficial. Prior electrodiagnostic studies did show evidence for a right L5 radiculopathy versus plexopathy. The injured worker was seen on 03/25/14 with continuing complaints of pain in the lumbar spine radiating to the left lower extremity after a recent course of physical and aquatic therapy. At this evaluation, the injured worker was utilizing anticonvulsants as well as antidepressants in addition to Lidoderm topical patches. The injured worker's physical examination noted normal lumbar range of motion with intact strength and normal sensation. The injured worker reported approximately 55% relief of symptoms with injection therapy. There was an appeal letter dated 08/06/14 which indicated the injured worker had been utilizing Lidocaine patches for approximately 10 years. From the report, the injured worker was reported to have increased functional ability to walk without utilizing a TENS unit. It is unclear what benefit specifically Lidocaine patches had provided for this injured worker. The requested Lidocaine patch 5%, quantity 90, with three refills was denied by utilization review on 07/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIdocaine patch 5% #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches Page(s): 54.

Decision rationale: The request for Lidoderm 5% patch, quantity 90 with 3 refills is not medically necessary. The clinical documentation submitted for review noted the injured worker is utilizing multiple medications to address neuropathic pain. This would include anticonvulsants as well as multiple antidepressants. Per guidelines, Lidoderm patches can be considered an option in the treatment of neuropathic pain that has failed standard oral medications to include antidepressants and anticonvulsants. Guidelines do not provide any evidence that combined use of topical Lidoderm patches in addition to oral medications for neuropathic pain results in any substantial functional improvement as compared to oral medications alone. Given that the injured worker has not reasonably failed all antidepressant or anticonvulsant use for the treatment of neuropathic pain, the request for Lidocaine patch 5% #90 with 3 refills is not medically necessary.