

Case Number:	CM14-0178446		
Date Assigned:	10/31/2014	Date of Injury:	06/26/2003
Decision Date:	12/22/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/28/2014

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 Physical Medicine and Rehabilitation 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 is a 50-year-old female who reported an injury on 09/30/2014. The injured worker's duty included repeatedly stamping the expiration dates on boxes, the injured worker reported repetitive trauma. The injured worker complained of frequent moderate pain to the lumbar spine that rated a 9/10 that she described as achy dull, with radiating pain that was tingling. The injured worker also noted moderate pain to the bilateral wrists that she rated a 4/10 using the VAS (visual analog scale). Diagnoses included cervical disc syndrome, lumbar disc syndrome, cervical radiculitis, and lumbar radiculitis. The objective findings dated 10/06/2014 revealed the injured worker ambulated with a guarded gait. The lumbar spine revealed minor to moderate tenderness to palpation over the lumbar paraspinal sacroiliac joint, tenderness was present at the L3, L4, L5, bilaterally with flexion at 30/60 degrees, positive for pain, and extension at 10/25 degrees, positive for pain. The positive straight leg rise bilaterally, Kemp's bilaterally, Minor's sign bilaterally. Dermatome evaluation revealed a hypoesthesia at the C5, C6 on the right. No medications provided in documentation. The Request for Authorization dated 10/16/2014 was submitted with documentation. The rationale for the Lidoderm patches was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unkown prescription of Lidoderm patches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): regarding: Lidoderm (Lidocaine patch)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm lidocaine patch Page(s): 56-57.

Decision rationale: The request for unknown prescription for Lidoderm patch is not medically necessary. The California MTUS Guidelines indicates that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED (antiepilepsy drug) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics. The documentation was not evident of the injured worker having a trial of antidepressants or anticonvulsants having been failed. Lidoderm is indicated for peripheral pain and not as a first line of therapy. The request did not address the frequency, duration or dosage. As such, the request is not medically necessary.