

Case Number:	CM14-0202906		
Date Assigned:	12/15/2014	Date of Injury:	01/15/1998
Decision Date:	01/30/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice and is licensed to practice in New Jersey. 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:

This is a 72 year old female who sustained a work related injury on January 15, 1998. The mechanism of injury was not provided. A progress report dated June 12, 2014 notes that the injured worker continued to have low back pain, neck and upper back pain with numbness into the tight arm. The injured worker was participating in a home exercise program and using an H-Wave Unit daily. Work status was permanent and stationary. The injured worker was released to sedentary work. An MRI performed in June of 2011, revealed lumbosacral spondylosis with median disc at the lumbar three-lumbar four levels. Medications include Elavil, Norco, Lunesta, Lyrica, Protinix and Lidoderm Patches. Diagnoses include lumbar radiculitis, herniated nucleus pulposus at the lumbar four-lumbar five levels and lumbar five-sacral one level, cervical spine radiculopathy and sleep disturbance. Most current documentation submitted for review dated September 5, 2014 notes that the injured worker complained of gastrointestinal upset. She was using over-the-counter non-steroidal anti-inflammatory drugs for pain management. Physical examination of the lumbar spine revealed decreased range of motion and positive leg raises bilaterally. Utilization Review makes reference to a progress note dated September 9, 2014. However, the document was not submitted for this review. The treating physician requested a prescription for Lidoderm Patches 5% # 60. Utilization Review evaluated and denied the request for the Lidoderm Patches 5% on November 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% \$60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm AND Topical analgesics Page(s): 56-57; 111-113.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In this case, the injured worker has a diagnosis of lumbar radiculitis and cervical spine radiculopathy which warrants consideration of lidocaine if her Lyrica use was insufficiently treating her neuropathic pain, which is not clear from the notes available for review. There is insufficient evidence to support the continued use of Lidoderm patches as there was no clear documentation near the time of the request showing functional improvements directly related to regular Lidoderm use. The request for Lidoderm Patches, therefore, is not medically necessary, considering the evidence found in the notes available for review.