MAXIMUS Federal Services

Case Number:	CM15-0000764		
Date Assigned:	01/12/2015	Date of Injury:	01/22/2000
Decision Date:	03/06/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on January 22, 2000. He has reported injury of the lower back after lifting a piece of heavy aluminum. The diagnoses have included headaches, analgesic induced constipation, large internal and external hemorrhoids, neck and lower back pain. The records indicate treatment to date has included medications, laboratory evaluations, radiological imaging, electroencephalogram, and colonoscopy. Currently, the IW complains of increased hemorrhoids, buttock and bilateral lower extremity pain, throbbing of the low back, and right arm and wrist pain with swelling. Current medications are listed as: Colace Naproxen, Aripiprazole, Wellbutrin, Citalopram, Robaxin, Ultram, Trazodone, Restoril, and Lidoderm. Objective Findings on October 1, 2014, are ambulation with a rolling walker, paravertebral tenderness, and decreased muscle mass in the left thumb, positive straight leg raise testing bilaterally at 60 degrees. On December 5, 2014, Utilization Review non-certified Lidoderm 5% patches, quantity #60, noting the Chronic Pain Medical Treatment guidelines. On December 31, 2014, the injured worker submitted an application for IMR for review of Lidoderm 5% patches, quantity #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Lidoderm 5% Patches #60 Between 10/1/2014 and 1/31/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy.In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.