

Case Number:	CM15-0006703		
Date Assigned:	01/26/2015	Date of Injury:	01/03/1999
Decision Date:	03/12/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 63 year old woman sustained an industrial injury on 1/3/1999. The mechanism of injury is not detailed. Current diagnosis is lumbar spinal stenosis. Evaluations include electrodiagnostic studies that were interpreted as normal, left hip x-rays that were normal, lumbar spine MRI showing degenerative disc and facet joint changes at multiple levels and neuroforaminal narrowing. Physician notes dated 9/3/2014 show complaints of her left leg giving out which resulted in right side pain, continued back pain, and interference with sleep and other activities. The worker is requesting bilateral trasforaminal steroid injections. There is a note to refill her current medications and follow up in one month. There is no current medication list included, it is noted that patient is only on lidocaine patch and tramadol. Physician notes dated 12/8/2014 show no new complaints, rather state medical management and review as the reason for visit. The worker's current medications were refilled, which did not include Lidocaine patches, and it was noted that the worker is working with her case worker to identify a referral to a pain clinic that can assist her long term. On 12/19/2014, Utilization Review evaluated a prescription for Lidocaine pad 5% #90, that was submitted on 1/13/2015. The UR physician noted that there was no documentation of a first line treatment that failed such as an antidepressant or antiepilepsy medication. The MTUS, ACOEM (or ODG) Guidelines was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% #90: 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(lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain conditions such as spinal pain. It may only be recommended after failure of all primary, secondary and conservative measures which were not documented by the provider. Patient has a prior EMG/NCV that does not support neuropathy. Patient does not meet criteria for initiation or continued use of lidocaine patch. Lidocaine patch is not medically necessary.