

Case Number:	CM15-0100125		
Date Assigned:	06/02/2015	Date of Injury:	01/28/2012
Decision Date:	07/13/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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 49 year old female with an industrial injury dated 01/28/2012. Her diagnoses included lumbar myoligamentous injury with bilateral lower extremity radicular symptoms; right greater than left; right shoulder impingement, s/p arthroscopy on September 14, 2012; left shoulder sprain/strain, overcompensation and right wrist internal derangement. Co morbid diagnosis is diabetes mellitus (on Insulin). Prior treatment included right shoulder surgery, trigger point injections and medications. She presents on 04/09/2015 with ongoing pain in her lower back radiating down to both lower extremities. She rates her pain as 6 on a scale of 0-10. The provider documents MRI revealed 3 mm disc protrusions at lumbar 3-4 and lumbar 4-5 with bilateral neural foraminal stenosis. Lumbar epidural steroid injections were discussed but her endocrinologist recommended holding off on the lumbar epidural steroid injection until blood sugars stabilized. She is post right shoulder surgery with reduction in pain as well as improvement in range of motion. Physical exam noted the injured worker to be in mild to moderate distress. There was tenderness to palpation of the cervical spine with decreased range of motion. Sensory examination to Wartenberg pinprick wheel is decreased along the lateral forearm in the cervical 5-6 distribution bilaterally. Lumbar spine revealed tenderness and decreased range of motion. Her medications included Ultram ER 150 mg, Neurontin, Fexmid and Lidoderm patches. The provider notes the injured worker relies mostly on Lidoderm patches. Treatment plan included consideration for lumbar epidural steroid injections, left shoulder MRI, follow up and medications (Neurontin and Lidoderm.) The treatment request is for Lidoderm patches 5% # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #30: Upheld

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

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. The claimant had diabetes that was well controlled (A1c <6) and the diagnoses did not list diabetic neuropathy. The NCV in July 2014 was unremarkable. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for Lidoderm patches as above is not medically necessary.