

Case Number:	CM15-0106355		
Date Assigned:	06/10/2015	Date of Injury:	07/10/2012
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/02/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 50 year old female, who sustained an industrial injury on 7/10/2012. Diagnoses include lumbar herniated nucleus pulposus with radiculopathy, muscular wasting lower extremity and lumbosacral plexopathy. Treatment to date has included diagnostics, specialist referrals, modified activity and medications including Lidoderm patches, Soma and Norco. Magnetic resonance imaging (MRI) of the pelvis dated 9/25/2014 showed the roots, trunks and nerves of the lumbosacral plexus appear unremarkable. No definite plexopathy seen. No pathologic gadolinium enhancement is identified. No bony destruction lesions seen; small bilateral hip joint effusions. Per the Primary Treating Physician's Progress Report dated 1/23/2015, the injured worker reported that Lidoderm patches really help to reduce her pain. She is trying to reduce her use of Norco and Soma. Pain at lumbar spine and leg continues at 7.5/10 with medications. Physical examination is described as unchanged. The plan of care included medications and authorization was requested for Lidoderm patches and Tigan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #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 Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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 anti-depressants or an AED such as gabapentin." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. In addition, there is not significant documentation of continuous improvement. Therefore, the prescription of Lidoderm patch 5% is not medically necessary.

Tigan 300mg Refills 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tigan. <http://www.rxlist.com/tigan-drug/indications-dosage.htm>.

Decision rationale: Tigan (trimethobenzamide hydrochloride capsules) is indicated for the treatment of postoperative nausea and vomiting and for nausea associated with gastroenteritis. There is no evidence of gastroenteritis on in case of post op vomiting. Therefore, the request is not medically necessary.