

Case Number:	CM15-0131080		
Date Assigned:	08/18/2015	Date of Injury:	10/10/2001
Decision Date:	09/24/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/07/2015

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: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 10-10-01. The diagnoses have included post laminectomy pain syndrome, chronic right radiculopathy, and right inguinal neuralgia following right inguinal hernia repair, hypertension and depression. Treatment to date has included medications, diagnostics, surgery, physical therapy, injections, and other modalities. Currently, as per the physician progress note dated 6-9-15, the injured worker continues under the care of the general surgeon and he has several more injections to the groin. He has residual findings of inguinal neuralgia. The current medications included Tramadol and Lidoderm patches. The urine drug screen dated 3-27-15 was inconsistent with the medications prescribed. The objective findings-physical exam reveals that the gait is slightly guarded. He has mild right inguinal tenderness and dyesthesias in the ilioinguinal nerve distribution. The physician requested treatment included 1 prescription of Lidoderm 5%, #30 for neuropathic groin pain.

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%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine; Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The 1 prescription of Lidoderm 5%, #30 is not medically necessary and appropriate.