

Case Number:	CM15-0132270		
Date Assigned:	07/20/2015	Date of Injury:	10/08/2007
Decision Date:	08/14/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old female, who sustained an industrial injury on 10/8/2007. The mechanism of injury is unknown. The injured worker was diagnosed as having shoulder joint pain, lower leg joint pain and cervical and lumbar disc displacement without myelopathy. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6/5/2015, the injured worker complains of chronic pain in the neck and low back. Physical examination showed thoracic tenderness and an antalgic gait. The treating physician is requesting retrospective topical Lidoderm 5% (700ng/patch) #60 with a date of service of 6/5/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective topical Lidoderm 5% (700ng/patch) #60 with a dos of 6/5/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch), (2) Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2007 and continues to be treated for chronic neck and low back pain. When seen, she was taking medications sparingly. She was having increased back pain over the past 3-4 weeks. Physical examination findings included an antalgic gait and lower thoracic spinous process tenderness. Medications were refilled. Topical medications were Capsaicin and Lidoderm. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm was not medically necessary.