

Case Number:	CM15-0132313		
Date Assigned:	07/20/2015	Date of Injury:	03/02/2012
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
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:

This 52-year-old male sustained an industrial injury to the neck, back, right shoulder and bilateral knees on 3/2/12. Magnetic resonance imaging lumbar spine (2/19/15) showed disc desiccation with protrusion at L4-5 and L5-S1 with narrowing of the lateral recesses bilaterally. Magnetic resonance imaging right knee (1/23/15) showed chondromalacia of the patella with a possible anterior cruciate ligament tear or sprain. Electromyography/nerve conduction velocity test bilateral lower extremities (4/23/15) showed mild chronic right L5-S1 radiculopathy. Previous treatment included right shoulder surgery, left knee surgery, physical therapy and medications. In a progress note dated 6/11/15, the injured worker complained of pain to the cervical spine, thoracic spine, bilateral shoulders, right arm, left elbow, lumbar spine, sacroiliac area, bilateral buttocks, bilateral hips, bilateral knees and bilateral legs rated 9/10 on the visual analog scale, associated with numbness and tingling. The injured worker also complained of dizziness, anxiety, stress and insomnia. Current diagnoses included sciatica, disturbance of skin sensation and lumbar intervertebral disc disorder without myelopathy. The treatment plan included an orthopedic evaluation for the right knee, a series of three epidural steroid injections for the lumbar spine, an internal medicine evaluation and prescriptions for topical compound cream, Prilosec, Neurontin and Lidoderm patches).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch Qty 30, as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

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

Decision rationale: The claimant sustained a work injury in March 2012 and is being treated for chronic widespread pain. When seen, he was having pain throughout the spine with lower extremity numbness and tingling. He was also having dizziness and anxiety and insomnia. Physical examination findings included shoulder tenderness with decreased range of motion. There was decreased knee range of motion. There was decreased lumbar spine range of motion. He was noted to ambulate with a cane. 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 single component topical treatments that could be considered. Therefore, Lidoderm is not medically necessary.