

Case Number:	CM15-0135759		
Date Assigned:	07/30/2015	Date of Injury:	05/16/2011
Decision Date:	09/23/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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

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 40 year old male who sustained an industrial injury on 05-16-2011. Current diagnoses include cervical spine strain, lumbar radiculopathy, and rotator cuff tear. Previous treatments included medications, physical therapy, home exercise program, and psyche care. Previous diagnostic studies included a MRI of the thoracic spine dated 06-05-2015. Discharge summary dated 06/08/2015 noted that the injured worker was admitted for intractable thoracic spine pain. Pain level was 7 out of 10 on the visual analog scale. It was noted that pain was worse with range of motion and the injured worker has difficulty ambulating. An MRI was performed, but the report was no available prior to discharge. Treatment plan at time of discharge was to continue with muscle relaxant, Lidoderm patch and IV Dilaudid for breakthrough pain. Norco causes constipation so this was discontinued and Nucynta was started. Report dated 06-17-2015 noted that the injured worker presented with complaints that included weight loss of 20 pounds, low back pain, worsening depression, and can't sleep. It was noted that the injured worker was hospitalized 6 days ago due to bowel obstruction, chest pain, and low back pain Pain level was not included. Physical examination was documented as same. The treatment plans included continue home exercises, daily walks, continue medical and psyche care, and transdermal ointment renewed. Work status was not included. Report dated 03-30-2015 documented to no change in objective findings, and lost 30 pounds. Disputed treatments include retrospective request for Lidocaine 5% Refills 1 (DOS 6/13/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Lidocaine 5% Refills 1 (DOS 6/13/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), pp. 56-57, AND Topical Analgesics, Lidocaine p. 112 Page(s): 56-57 and 111-112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical Lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as Gabapentin or Lyrica). Topical Lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, he had been given topical Lidocaine after a severe pain flare of his back. His history suggested he had already been using an antidepressant, however, it is not known how this medication affected his pain levels and neuropathic pain. It also is not clear from the notes if he had tried and failed any other first line therapies for neuropathic pain. Regardless, the effectiveness of this Lidocaine was not clearly documented in the notes available for review, without reports of functional gains related to its use, to justify a refill request. Therefore, considering the above, the Lidocaine 5% will be considered medically unnecessary at this time.