

Case Number:	CM15-0138074		
Date Assigned:	07/28/2015	Date of Injury:	11/12/1998
Decision Date:	09/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/16/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 injured worker is an 84-year-old female, who reported an industrial injury on 11/12/1998. Her diagnoses, and or impression, were noted to include: continuous opioid dependence; degeneration of lumbar inter-vertebral disc; chronic pain syndrome; spondylosis without myelopathy; displacement of lumbar inter-vertebral disc without myelopathy; and lumbosacral radiculitis. No current imaging studies were noted. Her treatments were noted to include regular exercise; medication management with toxicology screenings; and rest from work. The progress notes of 6/29/2015 reported a follow-up visit for complaints of chronic, constant with varied intensity, left-sided low back pain that radiated into the left buttock, which interfered with sleep, and was alleviated with medications and walking. Objective findings were noted to include that she was healthy-appearing and in no acute distress; with normal gait and active life-style; with normal pain behaviors within expected context of disease; and with chronic complex pain that had not been resolved but was stable on her current medication regimen. The physician's requests for treatments were noted to include the continuation of Lidoderm Patches to avoid taking daily Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Qty 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states “Lidocaine Indication: Neuropathic pain 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 or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that the injured worker suffers from localized peripheral neuropathic pain. As such, Lidoderm is not indicated.” The request is not medically necessary.