MAXIMUS Federal Services

Case Number:	CM15-0140328		
Date Assigned:	09/01/2015	Date of Injury:	02/03/2010
Decision Date:	09/30/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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: Emergency Medicine

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 February 3, 2010. Treatment to date has included diagnostic imaging, lumbar disc arthroplasty, and medications. Currently, the injured worker complains of continued headaches, neck pain, mid back pain and low back pain. He reports pain over the bilateral sacroiliac joint and has tenderness to palpation over the right knee. The injured worker reports that his pain is improved with medications. His current medication regimen includes Prilosec, Percocet, OxyContin, Imitrex and Miralax. On physical examination the injured worker has an antalgic gait and ambulates with a single point cane. He has tenderness to palpation of the paravertebral muscles and in the bilateral sacroiliac joint region. His sensation to light touch and pinprick is intact. The diagnoses associated with the request include neck pain, status post L5-S1 total disc arthroplasty, chronic back pain, chronic intractable pain, L5-S1 annular tear, L5-S1 disc degeneration. The treatment plan includes Lidoderm patches, Imitrex, weight loss program, medication management and follow- up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% 1 patch 12 hours on and 12 hours off, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: It is unclear when and how long patient has been on this medication. Only noted mention of lidocaine patches is on progress note dated 4/1/15, 4/29/15 and 6/17/15 but there is it is not noted in patient's current medication list and there is no notation on recent progress notes. As per MTUS chronic pain guidelines, Lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain conditions such as such as spinal/radicular pain. Documentation does not mention anything concerning lidocaine for several months and it is unclear where it is being use as patient has whole back pain. Patient has no documented improvement in pain despite use of this medication. Lidoderm is not medically necessary.