

Case Number:	CM15-0141850		
Date Assigned:	07/31/2015	Date of Injury:	04/24/2001
Decision Date:	08/31/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/21/2015

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: 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(n) 42 year old female, who sustained an industrial injury on 4-24-01. She reported injury to her lower back and neck after lifting a gurney. The injured worker was diagnosed as having C4-C% small central disc herniation, status post anterior lumbar fusion and intractable pain syndrome. Treatment to date has included an EMG-NCV on 8-11-11 showing carpal tunnel syndrome and cervical radiculopathy, a cervical facet injection on 12-10-12, a cervical radiofrequency ablation on 2-4-13 and urine toxicology screens. Current medications include Amitiza, Ultram ER, Zanaflex, Percocet and Lidoderm patches since at least 10-01-14. On 4-1-15, the injured worker rated her pain a 7-8 out of 10 without medications and a 3-4 out of 10 with medications. As of the PR2 dated 6-24-15, the injured worker reports increased neck stiffness. She has increased her activity level with cleaning and swimming. She rates her pain a 7-8 out of 10 without medications and a 3-4 out of 10 with medications. The treating physician noted palpable spasms in the shoulder girdle, cervical spine and upper thoracic spine. The treating physician requested Lidoderm 5% patches #24.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches Qty: 240.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Lidoderm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine is "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)." Additionally, it is supported only as a dermal patch. Within the documentation available for review, there is no indication of localized peripheral neuropathic pain and failure of first-line therapy. Given all of the above, the requested Lidoderm is not medically necessary.