

Case Number:	CM15-0144084		
Date Assigned:	08/05/2015	Date of Injury:	07/12/2002
Decision Date:	09/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 78 year old male, who sustained an industrial injury on July 12, 2002. The injured worker was diagnosed as having multilevel lumbar disc disease, right S1 radiculopathy-bilateral radicular symptoms, and post-op right total knee replacement. Treatments and evaluations to date have included right knee surgery and medications. Currently, the injured worker reports chronic lumbosacral pain with radiculopathic symptoms. The Primary Treating Physician's report dated June 24, 2015, noted the injured worker had no new symptoms to report. The injured worker noted night time PRN (as needed) Percocet allowing restful sleep, rating his pain at 7-8 without medications and with analgesic 3-4. A urine drug screen (UDS) was noted to be consistent with use of PRN dosing. The injured worker was noted to have completed chemotherapy for non-industrial non-small cell lung cancer. Physical examination was noted to show no motor deficits with lumbosacral motion 50% of expected results. The treatment plan was noted to include refill of Percocet, renewal of the Lidoderm patch, and a request for a TENS unit for home use. The injured worker's work status was noted to be permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch x 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on July 12, 2002. The medical records provided indicate the diagnosis of multilevel lumbar disc disease, right S1 radiculopathy-bilateral radicular symptoms, and post-op right total knee replacement. Treatments and evaluations to date have included right knee surgery and medications. The medical records provided for review do not indicate a medical necessity for Lidoderm patch x 30 as an option as indicated below. Largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommend that any compounded product that contains at least one drug (or drug class) that is not recommended. Lidoderm patch is a topical formulation of 5% Lidocaine that is FDA approved for treatment of Post-herpetic Neuralgia. The MTUS states that further research is needed to recommend it for treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The recommended treatment is not medically necessary because the injured worker has not been diagnosed of post-herpetic neuralgia.