

Case Number:	CM15-0144618		
Date Assigned:	08/05/2015	Date of Injury:	10/03/2002
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California
 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:

This 57 year old woman sustained an industrial injury on 10-3-2002. The mechanism of injury is not detailed. Diagnoses include major depression with psychotic symptoms. Treatment has included oral medications. Physician notes from the psychiatrist on a PR-2 dated 7-13-2015 show complaints of difficulty getting to sleep, bilateral knee pain, low back pain, and depression. Recommendations include outpatient psychiatric visits, mixed amphetamine salts, Abilify, Cymbalta, Alprazolam, Nuvigil, Zolpidem, stop Saphris, stop Fanapt, stop Risperidone, stop Rozerem, stop Oxcarbazepine, stop Lamotrigine, stop Lunesta, stop Mobic, Norco, Metformin, insulin, Levothyroxine, Lidocaine patch, Celebrex, and Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcotic Lidoderm 5% patch apply 12h on / 12h off quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The use of topical Lidoderm was not provided with a reduction of oral Norco use. The Lidoderm is not medically necessary.