

Case Number:	CM15-0148676		
Date Assigned:	08/11/2015	Date of Injury:	04/14/2014
Decision Date:	09/08/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/30/2015

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:

The injured worker is a 41 year old male, who sustained an industrial injury on 4-14-14. The injured worker has complaints of neck pain and lower and upper back pain. The diagnoses have included cervical radiculitis; cervical sprain and strain and lumbosacral or thoracic neuritis or radiculitis unspecified. Treatment to date has included naproxen, tramadol, gabapentin and lidopro creams; lidoderm patches; escitalopram; transcutaneous electrical nerve stimulation unit; magnetic resonance imaging (MRI) of the cervical spine on 9-26-14 showed right paramedian disc herniation of C4-C4 and C4-C5 and two mild left disc protrusion of C5-C6; electromyography/nerve conduction velocity study from 2-23-15 showed bilateral carpal tunnel syndrome and left sided L5 radiculopathy and chiropractic treatments. The request was for lidoderm 5% patches #30 treatment 7/8/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #30 Rx 7/8/15: Upheld

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

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 claimant had been on Lidoderm along with other oral and topical analgesics for over 6 months. The request for continued and long-term use of Lidoderm patches on 7/8/15 is not medically necessary.