

Case Number:	CM15-0162288		
Date Assigned:	09/04/2015	Date of Injury:	08/17/1998
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/18/2015

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, 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 is a 56 year old female patient, who sustained an industrial injury on 08-17-1998. The diagnoses have included cervical degenerative disc disease; lumbar degenerative disc disease; and traumatic hip arthritis, status post left total hip replacement. Per the letter dated 9/25/15, patient had multiple musculoskeletal pain and lidocaine patches were helpful. She has tried multiple medications including opioids, muscle relaxant, anticonvulsant and antidepressant. Per the progress report from the treating physician, dated 07-21-2015, she reported chronic pain issues with the low back, neck, and left back; she has participated in physical therapy and supportive psychotherapy over the years; she has been on a multitude of medication trials, but ultimately did not really tolerate opiates and has poor tolerance for the non-steroidal anti-inflammatories; and she is currently utilizing Lidoderm patches, Polyethylene Glycol, and Omeprazole, given the gastrointestinal upset of the Aleve that she takes. The physical examination revealed difficulty with toe and heel walking on the left, complaining of back and hip pain; intact sensation at C4 through T1 and L3 through S1 bilaterally; strength intact, grade 5 out of 5, C4 through T1 and L3 through S1 bilaterally. Medications have included Naprosyn, Acetaminophen, Lidoderm Patch, Miralax, and Omeprazole. She has undergone left hip total replacement. Treatment to date has included medications, diagnostics, physical therapy, massage, psychotherapy, surgical intervention, and independent exercise program. The treatment plan has included the request for Lidocaine pad 5% Day Supply: 30 Quantity: 90 refills: 2 x Rx date 07- 28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% Day Supply: 30 Qty: 90 refills: 2 x Rx date 07/28/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Lidocaine pad 5% Day Supply: 30 Qty: 90 refills: 2 x Rx date 07/28/15. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Per the records provided patient had significant pain with history of left total hip replacement. Patient has tried anticonvulsants and antidepressants. Patient has gastric upset with oral pain medications. Patient has improvement with lidocaine pad. The request of Lidocaine pad 5% Day Supply: 30 Qty: 90, refills: 2 x Rx date 07/28/15 is medically appropriate and necessary for this patient.