

Case Number:	CM15-0180253		
Date Assigned:	09/22/2015	Date of Injury:	04/11/1999
Decision Date:	10/26/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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 51 year old male, who sustained an industrial injury on 4-11-1999. The injured worker was diagnosed as having lumbar radiculitis, lumbar post laminectomy syndrome, chronic pain syndrome, spinal cord stimulator, and erectile dysfunction. Treatment to date has included diagnostics, lumbar spinal surgery, spinal cord stimulator, mental health treatment, and medications. Currently (7-15-2015), the injured worker complains of low back pain with radiation to the bilateral lower extremities to his feet. Pain was rated 8 out of 10 current, 6 at average, 5 at best, and 8 at worst. His current medication regimen included Norco 10-325mg four times daily, noting that he was paying for medication due to non-coverage. It was documented that weaning trial led to increased pain in 1-2015. He had to further limit sitting, standing, walking, and self-care. He spent more time in bed. It was documented that he failed non-steroidal anti-inflammatory drugs alone years ago. Exam noted "decreased range of motion." Positive paravertebral tenderness, positive straight leg raise, decreased sensation L5-S1. He was "able to stand and walk longer with less pain; from 15-20 minutes to 90 minutes." His activities of daily living function status was not currently described, documenting last functional assessment on 3-18-2015. The treatment plan included "continue" home health 4-6 hours per day, 7 days a week (performed by [REDACTED]), and refill of medications, noting Lidoderm and Prilosec. He was prescribed Tylenol #3 instead of Norco. On 8-24-2015, Utilization Review non-certified Lidoderm patches and home health services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches Qty 60: Upheld

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).

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. The claimant was on Lidoderm for several months. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant still required oral Norco. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.

Home Health, 4-6 hrs daily, 7 days per wk, performed by wife: Upheld

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): Home health services.

Decision rationale: According to the MTUS guidelines: Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the request indicates the home health is to perform what the wife does. The specific medical need was not provided. Homemaker services that the wife offers is not supported by the guidelines. As a result, the request is not medically necessary.