

Case Number:	CM15-0182288		
Date Assigned:	09/23/2015	Date of Injury:	07/20/2012
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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 (n) 53 year old female, who sustained an industrial injury on 7-20-12. The injured worker was diagnosed as having chronic neck pain, chronic low back pain, multilevel cervical degenerative disc disease and multilevel lumbar degenerative disc disease. The physical exam on 3-25-15 revealed diffused tenderness to palpation in the lower cervical spine, decreased sensation to light touch in the left hand over the ulnar aspect and numbness over the left lateral thigh. Treatment to date has included physical therapy x 28 sessions "without any relief", chiropractic treatments with "inadequate" relief, acupuncture with "partial" relief, Motrin and Mobic. Current medications include Norco, Zanaflex, Celebrex and Lidoderm patch (since at least 3-25-15). As of the PR2 dated 7-20-15, the injured worker reports pain in her neck, trapezius and lower back that radiates to her buttock and left lower extremity. She rates her pain as "severe" without pain medications. Objective findings include decreased sensation to light touch in the left hand over the ulnar aspect and numbness over the left lateral thigh. The treating physician requested a Lidoderm patch x 2. The Utilization Review dated 9-3-15, non-certified the request for a Lidoderm patch x 2 and certified the request for Norco 10-325mg #60, Zanaflex 4mg #30 and Celebrex 200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch x 2: 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), Topical Analgesics.

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). The FDA for neuropathic pain has designated Lidoderm for orphan status. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses and the claimant was on topical Lidoderm for several months. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The claimant remained on oral NSAIDS and opioids. The request for continued use of Lidoderm patches as above is not medically necessary.