

Case Number:	CM15-0183584		
Date Assigned:	09/24/2015	Date of Injury:	12/04/2009
Decision Date:	10/29/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female, who sustained an industrial injury on December 4, 2009. Medical records indicate that the injured worker is undergoing treatment for sciatica, bilateral ulnar nerve lesion, bilateral carpal tunnel syndrome, disorders of the sacrum and pain in the joint of the forearm. The injured worker was noted to be permanent and stationary. The injured workers current work status was not identified. On 7-31-15 the injured worker complained of constant low back pain and bilateral wrist pain. There were no significant changes to her complaints. The injured worker was using Lidoderm patches on her low back. The low back pain was rated 2 out of 10 with the patches and 5-6 out of 10 without the patches on the visual analogue scale. The patches help her perform activities of daily living including cooking, dusting, walking and prolonged standing. Examination of the lumbar spine revealed tenderness and guarding. Treatment and evaluation to date has included medications, a lumbar epidural steroid injection, functional restoration program and a home exercise program. Current medications include Lidoderm 5% patches (700 mg-patch) and Ketamine 5% cream. Current requests for treatment include a request for Lidoderm 5% patches (700 mg-patch) #30 with one refill. The Utilization Review documentation dated 8-18-15 non-certified the request for Lidoderm 5% patches (700 mg-patch) # 30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidoderm 5% patch (700mg/patch) #30 with one refill DOS: 8/11/2015:
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: The claimant sustained a work injury in December 2009 and continues to be treated for bilateral wrist and low back pain. She has a history of progressive upper extremity pain and underwent right carpal tunnel and ulnar nerve releases in June 2012. Treatments have included completion of a functional restoration program. When seen, topical medications included Ketamine cream and Lidoderm. She was using Lidoderm patches for her low back. She was having constant back pain without much radicular pain. There was lumbar spine guarding and tenderness. Medications were refilled. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not medically necessary.