

Case Number:	CM15-0184406		
Date Assigned:	09/24/2015	Date of Injury:	07/31/2013
Decision Date:	10/30/2015	UR Denial Date:	08/21/2015
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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 50 year old female with a date of injury on 7-31-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar discogenic disease with bulging disc at L4-L5 and L5-S1, cervical discogenic disease with neurological loss at C5, C6 and C7, right shoulder SLAP tear versus rotator cuff tear and right knee internal derangement. According to the progress report dated 8-10-2015, the injured worker complained of severe pain in her neck, right shoulder, right knee and low back. She reported numbness in her hands and her legs especially in her right side with difficulty holding things. Per the treating physician (8-10-2015), the injured worker was totally disabled until 9-15-2015. The physical exam (8-10-2015) revealed a very antalgic gait. There was decreased range of motion of her neck and lumbar spine. She had severe spasm of her bilateral trapezius muscles. She had marked decreased in her pain and touch and proprioception response on her right lower extremity at L3, L4 and L5. The physical exam was noted to be unchanged since 7-13-2015. Treatment has included physical therapy and medications. Current medications (8-10-2015) included Ibuprofen and Omeprazole; Lidoderm patches were to be changed to Voltaren gel. The original Utilization Review (UR) (8-21-2015) non-certified a request for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%: 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: Per the 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is FDA approved only for post-herpetic neuralgia and the worker does not have that diagnosis. The medical records do not support medical necessity for the prescription of Lidoderm in this injured worker. Therefore, the request is not medically necessary.