

Case Number:	CM15-0185644		
Date Assigned:	09/25/2015	Date of Injury:	05/23/2001
Decision Date:	11/12/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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: Florida

Certification(s)/Specialty: Neurology, 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:

This 60 year old male sustained an industrial injury on 5-23-01. Documentation indicated that the injured worker was receiving treatment for lumbar radiculopathy, right carpal tunnel syndrome and trigger fingers. Previous treatment included physical therapy, spinal cord stimulator, right carpal tunnel release, right trigger finger release and medications. In the only documentation submitted for review, a PR-2 dated 8-27-15, the injured worker complained of right sided low back pain, neck pain and bilateral hand pain, rated 6 to 7 out of 10 on the visual analog scale. The injured worker reported that medications helped relieve pain by 80% and were well tolerated without side effects. The injured worker reported that he was having hand surgery in two weeks. Physical exam was remarkable for lumbar spine with tenderness to palpation and pain upon range of motion with flexion 50 degrees and extension 18 degrees. The treatment plan included continuing physical therapy for the right hand, proceeding with left hand trigger release and a prescription for Norco, Flexeril, Cymbalta and Lidoderm patches. On 9-1-15, Utilization Review noncertified a request for Lidoderm patch 5% (AAA two patches, twelve hours on and twelve hours off) #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% (AAA two patches, twelve hours on and twelve hours off) #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), Topical Analgesics.

Decision rationale: The medical records report joint pain but does not indicate failure of oral NSAIDS or demonstrate findings that contraindicate oral NSAIDS. MTUS supports topical NSAIDS for conditions where oral NSAIDS are not helpful or contraindicated. MTUS guidelines support that topical pain preparations are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical records provided for review indicate a pain condition related to neurological condition but does not detail previous trials of antidepressants or anticonvulsants tried and failed or demonstrated to be intolerant. As such, the mediation records do not support the use of topical lidocaine patch (Lidoderm 5%) at this time.