

Case Number:	CM15-0186945		
Date Assigned:	10/01/2015	Date of Injury:	10/13/1999
Decision Date:	11/30/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/22/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a 60 year old, female who sustained a work related injury on 10-13-99. A review of the medical records shows she is being treated for back pain. Treatments have included medications, aqua therapy and home exercises. Current medications include Nabumetone, Lidoderm patches, Flexeril and Norco. She has been using the Lidoderm patches since at least 11-2014. She notes the Lidoderm patches provide "50-70% pain relief, allows her to walk longer, do shopping longer and to exercise longer. Helps her from increasing use of opiates." In the progress notes, the injured worker reports moderate left low back and buttocks pain. She has pain that radiates down left leg with associated numbness down entire leg to the foot. She rates her pain a 4 out of 10. She reports pain is worst at night. She reports an overall "30% improvement" since beginning treatment with this provider and office. There have been no significant changes in pain level, functional capabilities or symptoms in the last few visit notes. On physical exam dated 9-10-15, she can rise from seated position without difficulty. She ambulates without assistance. No notation of working status. The treatment plan includes refills of medications. In the Utilization Review dated 9-18-15, the requested treatment of Lidoderm patch, 1-2 x 12 hours on per 24 hours, #60 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Lidoderm patch 1-2 x 12 hours on per 24 hours QTY 60 refills not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Regarding request for Lidoderm patch 1-2 x 12 hours on per 24 hours QTY 60 refills not specified, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tri-cyclic anti-depressants, SNRIs, or anti-epileptic drugs. Within the documentation available for review, there is no indication that the patient has failed all first-line therapy recommendations. Additionally, there is no documentation of objective functional improvement as a result of the currently prescribed Lidoderm specifically. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidoderm patch 1-2 x 12 hours on per 24 hours QTY 60 refills not specified is not medically necessary.